SSD-019

EMPLOYEE SAFETY DISCIPLINARY NOTICE

Document facts and expectations. Apply policy consistently. Provide a clear path to safe performance.

2 Project Information		**3 Notice Number**	
9 Jobsite Location		**22 Date**	
1 Company Information		**Employee Shift**	Time: _____ ☐ Day ☐ Night ☐ Other
6 Job Title		**Employee Department / Crew**	
4 Employee Information		**7 Supervisor**	

1–9 Notice, Employee, and Incident Information

Complete factual information and follow applicable HR review requirements.

4–8 Employee and Incident Details	Witness / Supporting Information
Employee name: _____ 5 Employee ID (Optional): _____ Job title / department: _____ 8 Date and Time of Incident: _____ Jobsite / area: _____ Employee notified of meeting: ☐ Yes ☐ No	Witness name / contact: _____ Statement obtained: ☐ Yes ☐ No Photo / video available: ☐ Yes ☐ No Training / policy record reviewed: ☐ Yes ☐ No Incident / observation reference: _____ Employee representative present: ☐ Yes ☐ No Other evidence: _____ ☐ Other: _____

10–11 Safety Rule and Regulatory Reference

Identify the specific rule, policy, instruction, or standard involved.

REFERENCE	10 Safety Rule or Policy Violated	Company Policy	Site Procedure	Supervisor Instruction	Other Requirement
REGULATORY	11 OSHA Standard Referenced (if applicable)	Manufacturer Rule	Client Requirement	Permit / Plan	Not Applicable

Action level: VERBAL WARNING WRITTEN WARNING SUSPENSION TERMINATION / OTHER

Fair-process rule: Document objective facts, allow the employee to respond, review relevant policy and prior history, apply requirements consistently, protect confidentiality, and obtain required HR or management review before final action.

12–16 Violation, Counseling, and Disciplinary Action

Record facts, policy connection, prior history, counseling, action, and expectations.

#	DATE / ITEM	FACT / VIOLATION / PRIOR HISTORY	COUNSELING / ACTION / EXPECTATION	SOURCE	FOLLOW -UP	RESPONSIBLE PERSON
1				F / E / W / D	F / E / W / D	
2				F / E / W / D	F / E / W / D	
3				F / E / W / D	F / E / W / D	
4				F / E / W / D	F / E / W / D	
5				F / E / W / D	F / E / W / D	
6				F / E / W / D	F / E / W / D	
7				F / E / W / D	F / E / W / D	

Entry Key: F = Fact E = Employee Statement W = Witness D = Document / Record

Documentation reminder: Separate observed facts from conclusions, cite the applicable rule, record the employee's response, describe expectations and required training, avoid retaliatory or discriminatory language, and route confidential records only to authorized personnel.

14–18 Counseling, Action, Training, and Comments

12–14 Violation, History, and Counseling	15 Disciplinary Action Taken (Verbal Warning, Written Warning, Suspension, Termination, Other)
12 Description of the Violation: _____ Observed facts: _____ Safety consequence / exposure: _____ Employee explanation: _____ Rule / expectation communicated: ☐ Yes ☐ No 13 Previous Related Violations: _____ Dates / notice numbers: _____ Pattern / relevance: _____ 14 Corrective Counseling Provided: _____ Safe-work expectation: _____ Employee questions: _____ Counselor / date: _____ ☐ Other: _____	15 Disciplinary Action Taken ☐ Verbal Warning ☐ Written Warning ☐ Suspension - dates: _____ ☐ Termination ☐ Other: _____ 16 Required Corrective Training: _____ Training owner / due: _____ 17 Employee Comments: _____ 18 Supervisor Comments: _____ Work restrictions / return conditions: _____ Further violation consequences explained: ☐ Yes ☐ Other: _____

Follow-Up Expectations and Work Status

Training / Follow-Up Owner		**Training Course / Requirement**	
Employee Work Status		**Restriction / Assignment**	
HR Review Required?	☐ No ☐ Yes - reviewer: _____	**Appeal / Response Submitted?**	☐ No ☐ Yes - reference: _____
Completion Evidence / Location		**Verification Method / Date**	☐ Radio ☐ Phone ☐ Verbal ☐ Other: _____

Supporting Documentation Checklist

☐ Applicable rule / policy	☐ Incident / observation record	☐ Witness / employee statements	☐ Photos / video / evidence
☐ Prior related notices	☐ Training records	☐ HR / management review	☐ Other: _____

Notice Update / Appeal / Review

Revise or supplement this notice when material facts change, additional evidence becomes available, required review identifies an error,

or an appeal or response is submitted. Preserve the original record, document amendments, maintain confidentiality, and follow applicable

policy, collective-bargaining, employment-law, and record-retention requirements.

Amendment / Appeal No.		**Date / Time**	
New Information / Employee Response / Review Decision		**Reviewed / Authorized By**	

19–22 Signatures and Approval *Employee signature acknowledges receipt, not necessarily agreement.*

SIGNATURE / APPROVAL	PRINTED NAME	SIGNATURE	DATE
19 Employee Signature			
20 Supervisor Signature			
21 Management Approval			
HR / Authorized Review			

Required Training / Follow-Up Tracking: Record completion, verification, and any work restrictions.

The employee signature acknowledges receipt and an opportunity to comment; it does not necessarily indicate agreement or waive rights. Refusal to sign may be witnessed and documented according to company policy. Expectations and consequences of further violations should be explained clearly.

TRAINING / FOLLOW-UP ITEM	RESPONSIBLE PERSON	DUE / COMPLETED	VERIFIED / CLOSED

19 Employee Signature | 20 Supervisor Signature | 21 Management Approval | 23 Record Retention

Notice Delivery Status	☐ Delivered ☐ Employee declined signature	**Date / Time**	
Training / Work Status	☐ Complete ☐ Open - reference: _____	**Employee / Supervisor / HR Comments**	
23 Record Retention Location / Period		**Record Filed / Retained By**	

IMPORTANT: This notice supports documentation of safety-related discipline but does not replace company policy, collective-bargaining requirements, due process, HR review, employment law, anti-retaliation protections, or legal advice. The employer remains responsible for consistent treatment, factual accuracy, confidentiality, authorization, and secure record retention.