



Clear Creek County

Safety Rules Violation Documentation Form

Employee Name: _____

Job Title: _____

Department / Division: _____

Supervisor Name: _____

Date of Incident: _____ **Time:** _____

Location of Incident: _____

Type of Safety Rule Involved

(Check all that apply)

- General Safety Rule
- Job-Specific Safety Rule
- PPE Requirement
- Equipment / Vehicle Safety
- Hazard Reporting
- Other: _____

Description of Safety Rule Violation

Describe what occurred, including the task being performed and the safety rule that was not followed.

(Use factual, objective language.)



Immediate Actions Taken

(Check all that apply)

- Coaching / verbal discussion
- Task stopped or corrected
- PPE provided or re-issued
- Retraining provided
- Hazard corrected or mitigated
- Referred to HR
- Other: _____

Corrective Action & Follow-Up Plan

Describe steps taken to prevent recurrence (training, equipment changes, process improvements, etc.).

Follow-Up Required? Yes No

If yes, describe and provide target date:

Enforcement Level (If Applicable)

(Check one)

- Verbal coaching / reminder
- Written warning



- Suspension
 - Other disciplinary action (per policy): _____
 - No discipline issued (documentation for training/awareness purposes)
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Employee Acknowledgment

My signature confirms that this safety concern has been discussed with me. It does not necessarily indicate agreement.

Employee Signature: _____

Date: _____

Supervisor Certification

I certify that this safety rule violation was addressed in accordance with the Clear Creek County Workplace Safety Policy and that corrective actions were discussed.

Supervisor Signature: _____

Date: _____

Recordkeeping

- Filed in personnel file
- Filed in department safety file