



# SAFETY ACCOUNTABILITY SYSTEM



## SAFETY CORRECTIVE ACTION REQUIRED

|                            |  |
|----------------------------|--|
| <b>Name of Employee:</b>   |  |
| <b>Department:</b>         |  |
| <b>Date of Occurrence:</b> |  |

**A) Clearly describe the incident/violation including any provisions of the OH & S Legislation:**

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**B) Describe the corrective action taken:**

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|---|--|
| <b>Action Taken OR Discipline Issued:</b> | Reinstruction <input type="checkbox"/> Date Issued _____   |
|   | Verbal <input type="checkbox"/> Date Issued _____          |
|   | Written Warning <input type="checkbox"/> Date Issued _____ |
|   | Suspension <input type="checkbox"/> Days _____             |
|   | Termination <input type="checkbox"/> Date terminated _____ |

|                 |  |              |  |
|-----------------|--|--------------|--|
| <b>Manager:</b> |  | <b>Date:</b> |  |
|-----------------|--|--------------|--|