

SAFETY DISCIPLINARY ACTION NOTICE



Failure to comply with Velocity Vehicle Groups Code of Safety Practices or/and the Injury and Illness Prevention Plan has resulted in the disciplinary action to employee, _____ who knew or should have known that a safety violation was committed by reason of experience, expertise, or training. Disciplinary action steps shall follow the procedures set forth in the Velocity Vehicle Group Disciplinary action policy.

Disciplinary Action Administered:

- | | |
|---|--|
| <input type="checkbox"/> Verbal Reprimand | <input type="checkbox"/> 1 st Safety Violation this Calendar Year |
| <input type="checkbox"/> Written Reprimand | <input type="checkbox"/> 2 nd Safety Violation this Calendar Year |
| <input type="checkbox"/> Suspension without Pay | <input type="checkbox"/> 3 rd Safety Violation this Calendar Year |
| <input type="checkbox"/> Termination | <input type="checkbox"/> 4 th Safety Violation this Calendar Year |

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Unsafe Acts | <input type="checkbox"/> Operating without Authority | <input type="checkbox"/> Inadequate Job Planning | <input type="checkbox"/> Operation at Improper Speed |
| <input type="checkbox"/> Procedures and Policies | <input type="checkbox"/> Unsafe Conditions | <input type="checkbox"/> Improper PPE Use | <input type="checkbox"/> Safety Rule Violation |
| <input type="checkbox"/> Using incorrect tooling | <input type="checkbox"/> Improper Lifting/handling | <input type="checkbox"/> Improper Work Technique | <input type="checkbox"/> Poor House Keeping |
| <input type="checkbox"/> Unsafe Acts with Others | <input type="checkbox"/> Fall Protection not used | <input type="checkbox"/> Improper Storage/Loading | <input type="checkbox"/> Other _____ |

Manager's Comments: _____

Have Disciplinary Action Notice attached to injury report and sent to Accident@vvgtruck.com

_____/_____
Manager or Supervisor's Name Signature Date

_____/_____
Employee's Name Signature Date

This employee's signature is not an indication of agreement. The signature is proof of receipt.

Employee Number: _____

Employee Comments (continue on back of form if necessary): _____

FOR SAFETY DEPARTMENT USE ONLY

<input type="checkbox"/> Recordable Injury as a Result of:	<input type="checkbox"/> Non-Recordable Injury as a Result of:
<input type="checkbox"/> No Injury as a Result of:	<input type="checkbox"/> Property Damage as a Result of:

For more safety forms and information, please visit

www.VelocityVehicleGroup.com/Safety.htm