



Employee Safety Improvement Action Plan*

Issued to: _____ Date: _____

Issued by: _____ Employee's Immediate Supervisor: _____

Deviations from Company Policy (explain where appropriate):

Description	Date of Deviation	Explanation
Personal Protective Equipment:		
Hard Hat		
Hearing Protection		
Eye/Face Protection		
Leg Protection		
Work Clothing		
Footwear		
Climbing Saddle		
Ropes		
Lanyard/Snaps/Etc.		
Chainsaw Chaps		
Equipment:		
Truck – Driving		
Seatbelt Not Fastened		
Equipment Misuse – explain		
Key Left in Ignition		
Wheels Not Chocked		
Misuse of Hand Tools		
Misuse of Power Tools		
Improper tools used near electrical conditions		
Work Practices:		
Inadequate Job Briefing		
Improper Lifting Techniques		
Inadequate Traffic Control		
Improper Climbing Technique		
Improperly Tied In		
Improper Chain Saw Use		
Worked closer than min. approach distance from electrical conductors		
Unapproved work methods - explain		

Had this employee previously been trained in this aspect of Company policy? Yes No

If yes, how trained? (i.e., verbal, video, O.J.T., other): _____

Corrective action for employee: _____

Date of compliance: _____ Compliance Acknowledged By: _____

Company Disciplinary Action Taken: _____

Comments: _____

(Describe potential penalty for repeat violations per Company policy.)

Distribution: Employee Manager Crew Leader Personnel File

* This serves as a notice to the employee that he/she has violated a Company safety policy.