



# Safety and Health Manual Supervisor Safety Incident Meeting

Use this form after conducting an investigation and/or when a safety rule or procedure has not been followed and corrective measures are needed to prevent further violation or incident.

EMPLOYEE/POSITION INFORMATION:	
Employee's Name:	Employee ID/PERNR:
Job Title:	Date of Incident:
Agency Name:	
Supervisor's Name:	

### SAFETY VIOLATION OR INCIDENT DETAILS

Nature of Safety Violation or Incident:

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this the first occurrence of this safety violation or incident for this employees?

- If yes, describe the corrective measures discussed to ensure the violation or incident does not occur again:
 

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
- If this *is not* the first occurrence, what other action is being taken, if any?
 

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\_\_\_\_\_

*Provide copy to Safety Committee.*