

NOTIFICATION OF HEALTH AND SAFETY VIOLATIONS FORM

HEALTH & SAFETY SYSTEM

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Format No. ::
Rev. No. ::
Rev. Date. ::

PART – I (General Information)

Contractor Name: _____

Project Name: _____ Contractor's Project in-charge: _____

Company's Monitoring & Manager (Name of person who managing Project): _____ & Sign. : _____

On site Assistant of manager (Under contractor): _____ Sign. _____

Staff Involved: (1) _____ Sign. _____ (2) _____ Sign. _____

(3) _____ Sign. _____ (4) _____ Sign. _____

Description of Violations

PART – II (Actions description)

Details of Observations:

Observed by: _____ Date _____ Sign. _____

Project Status

- Not withstanding violation of Health & safety / system, Project continues
- Project is suspended permanently
- Project is suspended until correction
- Project is suspended from date _____ to date _____ or on action plan / correction verification _____

PART – II A (Corrective Action) By Contractor

Details of Corrective Actions

Corrective actions verified by: _____ Date: _____ Sign. _____

PART – II B (Preventive Action) By Contractor

Details of Preventive Actions

Preventive actions verified by: _____ Date: _____ Sign. _____

PART – III (Rectification)

Rectification Details:

Inspector / Verified by: _____ Date: _____ Sign. _____