

SAFETY VIOLATION REPORT

Reference: NY Labor Law Article 29-D

EMPLOYEE INFORMATION

Employee Name: _____ Date: _____
 Job Title / Trade: _____ Jobsite: _____
 Supervisor: _____

VIOLATION TYPE

- Failure to use required PPE
- Failure to follow safe work procedure or permit
- Unauthorized operation of equipment or machinery
- Bypassing or removing safety devices or guarding
- Failure to report injury, incident, or near-miss
- Working under influence of drugs or alcohol
- Failure to attend required safety training
- Horseplay or reckless behavior endangering others
- Entering restricted area without authorization
- Failure to follow LOTO or confined space procedures
- Working at height without required fall protection
- Other: _____

DESCRIPTION OF VIOLATION

DISCIPLINARY ACTION

Select	Step	Action	Documentation Required
<input type="checkbox"/>	Step 1	Verbal Warning + Retraining	Documented in employee file
<input type="checkbox"/>	Step 2	Written Warning	Signed acknowledgment, copy to file
<input type="checkbox"/>	Step 3	Suspension: ____ days	Written notice, investigation notes
<input type="checkbox"/>	Step 4	Termination	Final documentation, exit record

Imminent danger violations or willful disregard for safety may result in immediate suspension or termination regardless of prior history.

CORRECTIVE ACTION / RETRAINING REQUIRED

Retraining Due Date: _____

OSHA PENALTY REFERENCE

- up to \$25,000 per instance (higher than federal \$16,550) (Labor Code 6429)
- \$16,550 maximum per violation (OSHA Penalties - Jan 15, 2025 adjustment)
- administrative fine assessed for serious violations. Mirrors federal penalty structure with Nevada-specific enforcement. (NRS 618.625)
- up to \$16,550 per violation (2024 adjusted). Gravity-based penalty considering severity, probability, employer size, good faith, history. (OSHA Penalty Policy, Section 17 OSH Act)
- up to \$16,131 per violation (2024 adjusted). Gravity-based penalty considering severity, probability, employer size, good faith, history. (OSHA Penalty Policy, Section 17 OSH Act)

SIGNATURES

Supervisor: _____

Date: _____

Employee: _____

Date: _____

Safety Manager: _____

Date: _____

Employee signature acknowledges receipt, not agreement. Employee may attach a written response.

Monday Safety — Sample Document