

Safety Counseling Report

Date: _____

To: _____ (Employee's Name)

From: _____ (Supervisor's Name)

Reason for Safety Counseling (failure to follow safe work practices, failure to report hazards, etc):

Corrective action to be taken by Employee:

Date Corrective Action is Due: _____

Employee Signature: _____

Supervisor Signature: _____

cc: Employee Personnel File
Human Resources
Suspense File