SAFETY CITATION

SC No.: YR-SC-XXX	Subcontract No.	Subcontractor Name	Page 1 of ___

Brief Title/Description of Safety Incident

Specified Requirement (identify requirement and reference document (e.g. General Safety Rules, Subcontractor HASP)

Description of Safety Incident (provide detailed information; include names, dates, locations)

Immediate actions to be taken

STR Name (Print)	Signature	Date	Phone	Pager

Corrective Actions taken (provide detailed information; include names, dates and locations)

Subcontractor Name (Print)	Signature	Date	Phone	Pager

Actions Complete:

Subcontractor Name (Print)	Signature	Date	Phone	Pager

STR Name (Print)	Signature	Date	Phone	Pager