

H.M. BROOKS (OSHAWA) LTD.

Safety Infraction Notice – Subcontractor

Contractor's Name:	Date:
Contractor's Supervisor/Worker:	Time:
Project Name:	Project No.:
<p>INFRACTION: - Be advised that your firm or employees of your firm are in violation of the Workplace Safety and Insurance Act and/or the Occupational Health and Safety Act and Regulations and/or the Safety Policy and Procedures of H.M. BROOKS (OSHAWA) LTD. as noted below:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>Names of Violating Employees:</p> <hr/> <hr/> <hr/> <hr/>	
<p>Corrective Action Required:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Compliance by Date:	Time:
<p>NON-COMPLIANCE WITH H.M. BROOKS (OSHAWA) LTD. SAFETY POLICY AND PROCEDURES MAY RESULT IN THE DISMISSAL OF INDIVIDUALS ON SITE AND/OR TERMINATION OF YOUR CONTRACT.</p>	
Issued by:	Signature:

Copies to: Violating Contractor – Office & Site
 Project Manager & Safety Coordinator