

# CONSTRUCTION SAFETY VIOLATION REPORT

**PLEASE NOTE:** Fill this form out electronically. In order to "SAVE", *please PRINT to PDF.*

TO: \_\_\_\_\_ ATTENTION: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ CONTRACTOR : \_\_\_\_\_

VIOLATION NUMBER: \_\_\_\_\_

You are directed to comply with contract documents as follows:

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THE SPECIFIC RECORD DOCUMENT(S) RELATED TO THESE CONDITIONS OR INSTRUCTION ARE LISTED BELOW.

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ISSUED ON: \_\_\_\_\_ at \_\_\_\_\_ REVIEWED BY: \_\_\_\_\_  
(DATE) (TIME) SENIOR INSPECTOR

ISSUED BY: \_\_\_\_\_  
INSPECTOR'S SIGNATURE INSPECTOR'S PRINTED NAME

FOLLOW-UP: \_\_\_\_\_  
DATE AND ITEM CORRECTED

CONTRACTOR'S CORRECTION ACTION : \_\_\_\_\_

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CONTRACTOR PROJECT MANAGER SIGNATURE: \_\_\_\_\_

CC: Construction Manager, Contractor, ADG Program Safety Manager, OCIP