

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	Pager
Corrective Actions taken (provide detailed information; include names, dates and locations)			
_____	_____	_____	_____
Subcontractor Name (Print)	Signature	Date	Pager
Actions Complete:			
_____	_____	_____	_____
Subcontractor Name (Print)	Signature	Date	Pager
_____	_____	_____	_____
STR Name (Print)	Signature	Date	Pager