

**Subcontractor Confirmation of Non-Compliance with Safety and Health Standards**

**Job Number:** \_\_\_\_\_

**Job Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_

**To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

On \_\_\_\_\_, you were verbally advised of the following violation(s) of the State Safety Regulations and/or Federal Occupations Safety and Health Act of 1970 and/or \_\_\_\_\_.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Note: If the first violation is corrected in a timely manner, the violation will be disregarded.**

Please indicate below the corrective action you intend to take on each of the above-noted violation(s) and the dates by which each item will be corrected. Return this form to the undersigned by: \_\_\_\_\_

Date

\_\_\_\_\_  
Beeler Construction, Inc.

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Corrective Action to be Taken

- |          |             |
|----------|-------------|
| 1. _____ | Date: _____ |
| 2. _____ | Date: _____ |
| 3. _____ | Date: _____ |
| 4. _____ | Date: _____ |
| 5. _____ | Date: _____ |

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_