

DATE: _____

EMPLOYEE: _____

EMPLOYER: _____

LOSS DATE: _____

Missouri - Division of Workers' Compensation

SAFETY VIOLATION:

Section 287.120.5, RSMo

IF an employee has an injury caused by the employee's failure to use safety devices provided by the Employer or failure to obey a reasonable safety rule of the employer, the compensation and death benefits are reduced at least 25% but not more than 50%.

1. The Employee had actual knowledge of the Employer's safety rule.
2. The Employer had made a reasonable effort to make sure the employee used the safety device or obey the safety rule.

Violation: _____

_____ **Yes, I am aware of my Employer's Safety Policy regarding the above violation.**
(Employee Initials)

Employee Signature: _____

Employee Printed Name: _____

Supervisor Signature: _____

Supervisor Printed Name: _____

_____ COPY OF OUR COMPANY POLICY IS ATTACHED (signed handbook, safety sheets, etc.)

_____ COPY OF OUR COMPANY POLICY WILL BE SENT VIA FAX OR E-MAIL

_____ WITNESS STATEMENT(S) ARE ATTACHED

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