

Post Incident Employee Evaluation

In the interest of safety and health, this evaluation has been prepared as a result of a jobsite incident. If you have any questions or concerns contact, your supervisor.

Employee _____ Incident _____

A. Personnel: (+15 points)

1. Repeat failure to comply with safety rules/procedures
2. Repeat failure to follow company policy
3. Repeat failure to report incident within 24 hours
4. Personal injury or property damage >\$5000
5. Other: _____

Yes		Points
<input type="checkbox"/>		+
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

B. Primary Factors: (+10 points)

1. Inappropriate speed for conditions
2. Inattention to assigned duties
3. Horse Play
4. Disregard for others present
5. Improper use of tools/equipment
6. Failure to comply w/ safety rules/Daily Briefing(THA)
7. Failure to report Incident w/I 24 hours
8. Property damage > \$1,500
9. Other _____

Yes		Points
<input type="checkbox"/>		+
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

C. Contributing Factors: (-5 points)

1. Environmental caused (dust, rain, snow, sun)
2. Lack of training or experience
3. Contributing act(s) of others
4. Credit length of service (2 pts per yr, max 15 pts)
5. Other: _____

Yes		Points
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

TOTAL POINTS _____

SUMMARY/RECOMMENDATION GUIDE

Points	Period of Suspension
N/A	<input type="checkbox"/> Termination
10	<input type="checkbox"/> 1 Day
15	<input type="checkbox"/> 2 Day
20	<input type="checkbox"/> 3 Day
25	<input type="checkbox"/> 4 Day
30 and over	<input type="checkbox"/> 5 Day

Employee Signature

Date Signed

Supervisor or Safety Signature

Date Signed