

Last Name (print) _____ First Name (print) _____

Class _____

Safety Infraction Report

Date of the Safety Infraction _____ Time of the Safety Infraction _____

1. *Describe what you were doing that was unsafe.*

2. *Explain why your actions were unsafe.*

3. *Describe what type of damage or injury could have been caused by your actions.*

4. *Explain what you will do to ensure that you work safely in the future.*

Student's Signature _____

Parent's Signature _____ Date _____

This form must be completed and signed by both parent and student before the student can return to work in the shop area.

Students with more than 3 safety infractions will not be allowed to work in the shop area.