

## Subcontractor Warning/Corrective Action Plan (CAP)

Revised 1-1-24

Wright Brother's Superintendent:	Project Name:
Subcontractors Name:	Date:
Contact:	Cell Phone:
The purpose of this warning letter/corrective action plan is to advise the subcontractor of <u>serious</u> unsafe work behavior/and or unsafe conditions that have been observed by the WBTBC team or other contractors.	
As an employer, it is you	r responsibility to comply with the following OSHA standards:
OSHA General Duty Clause Section 5 Duties (a)(1)	
	yees' employment and a place of employment which are free from recognized hazards that rely to cause death or serious physical harm to his employees." Section 5 (b)
<u>"Each employee</u> shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct."	
Date of observation:	Time of observation:
Location of observation on the project:	
Name of person who made the observation: _	Title:
Description of observation:	
Name of worker(s) observed:	
Was the worker removed from the jobsite?  Yes  No	

## SUBCONTRACTOR COMPLETES SECTION BELOW

COMPLETE AND RETURN THIS FORM TO THE WRIGHT BROTHERS SUPERINTENDENT BEFORE YOU AND YOUR WORKERS CONTINUE WORK.

What is your Corrective Action Plan (CAP) to prevent this from reoccurring?

What changes were made to prevent this from happening again?

Train the employee(s) Train the supervisor(s) Disciplinary Action for employee Hire or replace safety person

□Write a new policy/rule □Enforce existing policy

□Routinely inspect for the hazards □Provide Personal Protective Equipment □Other: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor's Signature:

file: subcontractor warning/ corrective action plan 1-1-24