STRIKE	VIOLATION/ SECURITY INCIDENT REPORT iTrak #:	CF-S-09F

CF-S-09 is required to be completed along with this form

*** Complete One For Each Violation And/ Or Security Incident***

PERSON INVOLVED INFORMATION:

Name: FIRST NAME LAST NAME

Industry Experience: _____ years Company Experience: _____ years

VIOLATION FACTS AND DETAILS:

Traffic Violation: ☐ Failure to Stop ☐ Parking Ticket ☐ Failure to Wear a Seat Belt ☐ Speeding Ticket ☐ Other: _____

Speed going at time of incident (km/hr): _____ Ticket Violation #: _____

Regulatory Violation: ☐ CVSA – Hours of Service ☐ CVSA – Vehicle Condition ☐ CVSA - Load Securement

Strike Violation:

☐ Alcohol and Drugs	☐ Fleet Safety Journey Management	☐ Over Riding a Safety Device
☐ Confined Space Entry	☐ Ground Disturbance	☐ Personal Protective Equipment
☐ Fall Protection	☐ Lock Out/ Tag Out	☐ Rigging/ Hoisting
☐ Other:		

SECURITY FACTS AND DETAILS:

Assault: ☐ Physical ☐ Sexual ☐ Verbal Personal Threat: ☐ Personal Harassment ☐ Sexual Harassment

Company Threat: ☐ Bomb ☐ Legal ☐ Terrorist ☐ Violence

Theft: ☐ Equipment ☐ Intellectual Property ☐ Materials ☐ Tools ☐ Vehicle

Willful Damage: ☐ Arson ☐ Graffiti ☐ Sabotage ☐ Release of Material ☐ Vandalism