

<b>COMPLETED BY CONTRACTOR MANAGEMENT</b>	CONTRACTOR EMPLOYEE ►	LAST NAME	FIRST NAME	MIDDLE INITIAL OR NAME	INCIDENT DATE
	CRAFT AFFILIATION	LOCAL UNION NO.	CONTRACTING COMPANY	BIRTH DATE	SOC. SEC. NO. (Last 5 digits)
	POWER STATION		PROJECT AND SPECIFIC LOCATION (Example: 3 <sup>rd</sup> Floor, by BFP)		
	CONTRACT/PURCHASE ORDER NO.		CONTRACTOR EMPLOYEE'S IMMEDIATE SUPERVISOR/FOREMAN		
	REASON FOR REMOVAL <input type="checkbox"/> CONTROLLED SUBSTANCE VIOLATION ► <input type="checkbox"/> PRE-HIRE <input type="checkbox"/> RANDOM <input type="checkbox"/> REASONABLE CAUSE <input type="checkbox"/> POST INCIDENT <input type="checkbox"/> SERIOUS SAFETY VIOLATION <input type="checkbox"/> SECURITY VIOLATION <input type="checkbox"/> ZERO TOLERANCE <input type="checkbox"/> OTHER:				
	BUSINESS AGENT NAME		BUSINESS AGENT EMAIL ADDRESS OR FAX NO.		
	CONTRACTOR SUPERINTENDENT/MANAGER NAME		CONTRACTOR SUPERINTENDENT/MANAGER EMAIL ADDRESS		
	REASON FOR REMOVAL EXPLANATION (Attach additional documentation where necessary; i.e., contractor safety orientation records, training records, witness statements, etc.)				
	ATTACHMENTS (Check all that apply) <input type="checkbox"/> EVIDENCE OF ORIENTATION <input type="checkbox"/> JOB SAFETY ANALYSIS (JSA) <input type="checkbox"/> TRAINING RECORDS <input type="checkbox"/> WITNESS STATEMENTS				
	WHAT WE ARE DOING TO PREVENT THIS FROM HAPPENING IN THE FUTURE				
WITNESSES 1. _____ 2. _____ 3. _____ 4. _____					
CONTRACTOR MANAGEMENT NAME (Please type or print)		SIGNATURE		DATE	

<b>PLANT MANAGEMENT</b>	RECOMMENDED REMOVAL PERIOD (Minimum of 1 year for Substance Abuse) <input type="checkbox"/> 4 WEEKS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> INDEFINITELY <input type="checkbox"/> OTHER:
	COMMENTS
<b>MANAGER, FIELD SERVICES</b>	RECOMMENDED REMOVAL PERIOD (Minimum of 1 year for Substance Abuse) <input type="checkbox"/> 4 WEEKS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> INDEFINITELY <input type="checkbox"/> OTHER:
	COMMENTS

<b>APPROVAL SIGNATURES</b>	PLANT MANAGEMENT	DATE
	MANAGER, FIELD SERVICES	DATE

<b>FE SAFETY USE ONLY</b>	<input type="checkbox"/> LOGGED INTO REMOVAL DATABASE <input type="checkbox"/> ADDED TO REMOVAL LIST <input type="checkbox"/> EMAIL/FAX UNION REPRESENTATIVE
---------------------------	--

**ROUTING:** Contractor: Substance Abuse- Distribute **Confidentially** to only FE Construction Safety Representative.  
 All other removals- Distribute **Confidentially** to Plant Management or Manager, Field Services.

PS Management: Distribute **Confidentially** along with any relevant documentation to Plant Management or Manager, Field Services and Construction Safety Representative.

Construction Safety Representative: Distribute **Confidentially** to Mgr, Site Protection Services.