

Violations of Landfill Rules and Regulations

Date: _____ Day: _____ Time: _____

Violation Issued by: _____ Violation Issued to: _____ Truck #: _____

Transporter (Company): _____ Customer: _____

Type of Violation	Violations (Check Box)	Action (Check Box)
<input type="checkbox"/> Driver	<input type="checkbox"/> Excessive Speed <input type="checkbox"/> Passing Other Vehicles <input type="checkbox"/> > 20 m.p.h. on Landfill Property <input type="checkbox"/> Approaching Scale too Fast <input type="checkbox"/> Stopping too Hard on Scale <input type="checkbox"/> Reckless Driving <input type="checkbox"/> Not Following Directions <input type="checkbox"/> Un-tarping or Opening Tailgate Before Working Face <input type="checkbox"/> Not Lowering Box Before Leaving Working Face <input type="checkbox"/> Not Following Designated Route <input type="checkbox"/> Exposed Garbage / Unsecured Load / Littering <input type="checkbox"/> Roll Off Box - Unsecured <input type="checkbox"/> Other _____ _____ _____ _____	<input type="checkbox"/> Written Warning <input type="checkbox"/> Violation & 1 Hour Driver Wait <input type="checkbox"/> Violation & 2 Hour Driver Wait <input type="checkbox"/> Violation & 3 Hour Driver Wait <input type="checkbox"/> Violation & 4 Hour Driver Wait <input type="checkbox"/> 2 Day Driver Suspension <input type="checkbox"/> Immediate Landfill Suspension Comment Section (General comments) _____ _____ _____ _____ _____ _____ _____ _____ _____

1st Offense

- Written Warning
- Violation & 2 Hour Driver Wait

2nd Offense

- Violation & 1 Hour Wait
- Violation & 4 Hour Driver Wait

3rd Offense & Re-Occurring

- Violation & 2 Hour Wait
- Violation & End of Day Dump

Driver Signature: _____ Date: _____