SAFETY WARNING NOTICE				
Production Name:			To Be Completed By:	Supervisors
Copies Sent To:	Unit Production Manager	Safety	To Be Stored By:	Production Office Coordinator
Production Location:			Today's Date:	
Special Instructions:	When: As required.		Frequency: Once for each incident.	
Employee Name:				
Position/Title:				
Description of Unsafe Act:				
On, you were observed engaging in the following activity that violates safety policy contained in the Injury & Illness Prevention Program for Production: Description of Correct Procedure: In the future, please adhere to the correct procedure, which is described as follows:				
Supervisor's Signature:				
Title:				
Date:				
The purpose of this notice is to call the above deficiency to your attention, and give you an opportunity to correct it. A copy of this notice will be placed in your personnel file. Any further safety violation or any other misconduct will subject you to further disciplinary action, up to and including discharge. Without agreeing with the above, I hereby certify that I have received a copy of this notice.				
Employee's Signature:				
Date:				