## SAFETY WARNING NOTICE

| Production Name: |  |  | To Be Completed By: | Supervisors |
| :--- | :--- | :--- | :--- | :--- |
| Copies Sent To: | Unit Production <br> Manager | Safety | To Be Stored By: | Production Office <br> 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 $\qquad$ 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:

$\qquad$
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 inc/uding discharge.

Without agreeing with the above, I hereby certify that I have received a copy of this notice.
Employee's Signature: $\qquad$
Date:

