NOTICE OF UNSAFE CONDITION AND ACTION PLAN

Production Name:			**To Be Completed By:**	*UPM or Designee*
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:** *As needed.*	
Date Observed:			**Time Observed:**	
Hazard Notification Received: Yes No			**Date Received:**	

Location: *(Be specific)*

Cast and/or Crew notified of unsafe condition: ___ Yes ___ No
    (If "No", explain why):

Action Taken: *(Note any immediate action taken to minimize risks.)*

Correction Action Required: *(Describe who will do and what will be done to correct unsafe condition. Note any individual or department to whom this condition is referred and the date of referral.)*

Date Corrected:

Corrected By: (Name)   (Title)

Supervisor's Signature: (Title)