



SAFETY VIOLATION WARNING NOTICE

Employee Name: _____ Date of warning: _____
 Location of Violation: _____
 Department: _____ Supervisor: _____
 Date of Incident: _____ Time: _____

Type of Violation:

- | | | |
|---|--|--|
| Failed to Lockout <input type="checkbox"/> | Careless Handling of Material <input type="checkbox"/> | Improper Lifting <input type="checkbox"/> |
| Obstructed access/exit <input type="checkbox"/> | Careless Fire Prevention <input type="checkbox"/> | Failed Safety Rules <input type="checkbox"/> |
| Unsafe Electrical Use <input type="checkbox"/> | Improper use of Power Tools <input type="checkbox"/> | |
| Horseplay <input type="checkbox"/> | Unsafe use of Equipment <input type="checkbox"/> | Other: _____ |

Previous Warning	Verbal	Written	Date	by Whom
1 st warning	yes no	yes no	_____	_____
2 nd warning	yes no	yes no	_____	_____
3 rd warning	yes no	yes no	_____	_____

Employee Statement

Employer Statement

Action to Be Taken Warning Probation Suspension
 Dismissal Other _____

Consequence should incident occur again: _____

I Have Read This Employee Warning Notice And Understand It.

Signature of Employee: _____ **Date:** _____

Signature of Employee Issuing the Warning: _____ **Date:** _____

Signature of Supervisor: _____ **Date:** _____