

SAFETY WARNING NOTICE

Production Name:		To Be Completed By:	<i>Supervisors</i>
Copies Sent To:	<i>Unit Production Manager</i>	<i>Safety</i>	To Be Stored By: <i>Production Office Coordinator</i>
Production Location:		Today's Date:	
Special Instructions:	When: <i>As required.</i>	Frequency: <i>Once for each incident.</i>	
Employee Name:		Social Security Number:	
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: _____			
<i>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.</i>			
Without agreeing with the above, I hereby certify that I have received a copy of this notice.			
Employee's Signature: _____			
Date: _____			