



SAFETY VIOLATION WARNING NOTICE

Employee Name: _____ Date of warning: _____

Location of Violation: _____

Department: _____ Supervisor: _____

Date of Incident: _____ Time: _____

Type of Violation:

- | | | |
|---|--|--|
| <input type="checkbox"/> 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 | 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**
- | | | |
|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Warning | <input type="checkbox"/> Probation | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Dismissal | <input type="checkbox"/> 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: _____