



SAFETY VIOLATION WARNING NOTICE

Employee Name: _____ Date of warning: _____

Location of Violation: _____

Department: _____ Supervisor: _____

Date of Incident: _____ Time: _____

Type of Violation:

Failed to Lockout	Careless Handling of Material	Improper Lifting
Obstructed access/exit	Careless Fire Prevention	Failed Safety Rules
Unsafe Electrical Use	Improper use of Power Tools	
Horseplay	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 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:** _____