

## SAFETY WARNING NOTICE

**Department:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Position/Title:** \_\_\_\_\_

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### **Description of Unsafe Act:**

You were observed engaging in the following activity that violates safety policy contained in the **Injury & Illness Prevention Program for Warner Bros. Studio Facilities:**

**Date Observed:** \_\_\_\_\_

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### **Description of Correct Procedure:**

In the future, please adhere to the correct procedure, which is describes as follows:

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**Supervisor's Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*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 kept on file. Any further safety violation or any other misconduct will subject you to further disciplinary action, up to and including discharge.*

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**Without agreeing with the above, I hereby certify that I have received a copy of this notice.**

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_