

SAFETY WARNING NOTICE

Department: _____

Date: _____

Employee Name: _____

Position/Title: _____

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: _____

Description of Correct Procedure:

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

Supervisor's Signature: _____

Title: _____

Date: _____

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.

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

Employee's Signature: _____

Date: _____