

# SAFETY WARNING

Company:	
Name of Employee:	
Employee's occupation:	Number of years in occupation:
<input type="checkbox"/> 1 <sup>st</sup> Warning <input type="checkbox"/> 2 <sup>nd</sup> Warning <input type="checkbox"/> 3 <sup>rd</sup> Warning	
<b>Incident Information</b>	
Date and time of incident / violation:	Location:
Description of incident / violation:	
Witness(es) to incident / violation:	
Was this incident in violation of a company policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which policy:	
<b>Corrective Action</b>	
Corrective actions recommended:	
Corrective actions taken:	Date:
Signature of person preparing report:	Date:

NOTE: This safety form is provided as a resource only, intended to assist the user to better identify potential site hazards. This document may not include every possible potential hazard on site. It is up to the user to ensure that all potential hazards are identified and abated. ProService Hawaii assumes no responsibility for the control or correction of conditions noted in this document. This safety form is part of the service encompassed by your Services Agreement with ProService.