

# Employee Policy Violation Warning

**Employee Name:**

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**Employee ID:**

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**Department:**

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**Date of Warning:**

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**Nature of Violation:** Safety Procedure Noncompliance

**Description of Violation:**

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**Date & Time of Incident:**

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**Location:**

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**Details of Policy/Procedure Not Followed:**

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**Potential or Actual Consequences:**

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**Corrective Action Required:**

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**Additional Comments:**

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Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date