



Employee

Safety Notification Form

Date: _____

Employee Name: _____ ID # _____

Employee Job Title: _____ Employee Department: _____

Observation Location _____

Observation Type: Condition: Behavior: Improvement:

Observation Description:

Employee Recommendation / Corrective Actions:

Department Supervisor or Designee: _____

To be completed by Supervisor or Designee:

Action taken:

Supervisor Signature _____

Note: Forward a copy of the Notification form to Human Resources for tracking purposes.