SAFETY VIOLATION NOTICE

DATE _____

COURSE: _____

LOCATION: _____

STUDENT NAME: _____

☐ First offence (verbal)
☐ Second offence (written)
☐ Third offence (Dismissal)

The above named employee was contacted today regarding the following safety violation:

_____

_____

_____

_____

_____

_____

_____

_____

I (the student) understand that safety rules are neccessay to prevent accidents and injury in the lab. Safe behavior not only affects me, but my fellow students as well.

I understand that repeated violation of safety rules or gross negligence will result in a grade reduction and/or dismissal from the course.

_____ _____
Student Signature Date

_____ _____
Instructor Signature Date