

NOTICE OF UNSAFE CONDITION AND ACTION PLAN

Production Name:		To Be Completed By:	<i>UPM or Designee</i>
Copies Sent To:	<i>Unit Production Manager</i>	<i>Safety</i>	To Be Stored By: <i>Production Office Coordinator</i>
Production Location:		Today's Date:	
Special Instructions:	When: <i>As required.</i>		Frequency: <i>As needed.</i>
Date Observed:		Time Observed:	
Hazard Notification Received: Yes No		Date Received:	
Location: <i>(Be specific)</i>			
Cast and/or Crew notified of unsafe condition: ___ Yes ___ No <i>(If "No", explain why):</i>			
Action Taken: <i>(Note any immediate action taken to minimize risks.)</i>			
Correction Action Required: <i>(Describe who will do and what will be done to correct unsafe condition. Note any individual or department to whom this condition is referred and the date of referral.)</i>			
Date Corrected:			
Corrected By: (Name)		(Title)	
Supervisor's Signature:		(Title)	