

# Sub Contractor Safety Warning Notice



Warning Number:	Project:
Project Number:	Date of Breach:
Issued to:	Company:
Issued by:	Position:

**Details of Safety Breach:** (Include how worker was given instruction in Safe Method of Work)

Breach (E.g. non-compliance with PPE requirements)	Instruction (E.g. Induction, SWMS, Toolbox Talk etc.)

**Action(s) to be implemented:**

a.	
b.	
c.	
d.	
e. Expulsion from site: (If yes, contact Worker's Employer immediately)	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Reviewed & Approved for Issue By:**

Name	Position	Date	Signature

**Distribution:**

Copy No. 1	Copy No. 2	Copy No. 3
Issue to: Worker	Issue to: Worker's Employer	Issue to: Bartsch Builders for filing

<b>Page Number:</b>	1 of 2	<b>Document Number:</b>	FORM 012	<b>Parent Document:</b>	WHS PROCEDURES
<b>First Issued:</b>	11.01.2018	<b>Last Reviewed:</b>	01.12.2021	<b>Next Review:</b>	01.12.2022
<b>Version:</b>	1.0	<b>Owner:</b>	Bartsch Builders	<b>Authorisation:</b>	Kristie Bartsch

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