

## NOTICE OF UNSAFE CONDITION AND ACTION PLAN

<b>Production Name:</b>		<b>To Be Completed By:</b>	<i>UPM or Designee</i>
<b>Copies Sent To:</b>	<i>Unit Production Manager</i>	<i>Production Safety Consultant</i>	<b>To Be Stored By:</b> <i>Production Office Coordinator</i>
<b>Production Location:</b>		<b>Today's Date:</b>	
<b>Special Instructions:</b>	<b>When:</b> <i>As required.</i>		<b>Frequency:</b> <i>As needed.</i>
<b>Date Observed:</b>		<b>Time Observed:</b>	
<b>Hazard Notification Received:</b>	<b>Yes    No</b>	<b>Date Received:</b>	
<b>Location:</b> <i>(Be specific)</i>			
<b>Cast and/or Crew notified of unsafe condition:</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If "No", explain why):</i>			
<b>Action Taken:</b> <i>(Note any immediate action taken to minimize risks.)</i>			
<b>Correction Action Required:</b> <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>			
<b>Date Corrected:</b>			
<b>Corrected By: (Name)</b>		<b>(Title)</b>	
<b>Supervisor's Signature:</b>		<b>(Title)</b>	