

employee solutions staffing group
You have the employees. We have the solutions.

SAFETY VIOLATION WARNING NOTICE

Employee Name: KEITH KOTERO Date of warning: 09/13/2021
Location of Violation: NORTH WAREHOUSE BUILDING F
Department: WAREHOUSE Supervisor: PHUY VORNG CHI
Date of Incident: 08/28/2021 Time: 09:30 AM

Type of Violation:

Failed to Lockout Careless Handling of Material Improper Lifting
Obstructed access/exit Careless Fire Prevention Failed Safety Rules
Unsafe Electrical Use Improper use of Power Tools
Horseplay Unsafe use of Equipment Other: _____

Previous Warning	Verbal	Written	Date	by Whom
1 st warning	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	_____	_____
2 nd warning	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	_____	_____
3 rd warning	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	yes <input type="checkbox"/> no <input checked="" type="checkbox"/>	_____	_____

Employee Statement

HE WAS UNLOADING DOUBLE STACK LOAD IN TRAILER AND TOP PALLET WAS TIPPED. HE TRIED TO UNSTACK THE TOP PALLET AND AS HE BACKED, THE FORKLIFT BACK REST CAUGHT AND RIPPED THE ROOF OF THE TRAILER.

Employer Statement

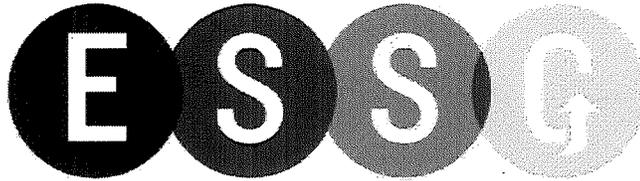
ALL WAREHOUSE TRAINED TO ASK FOR HELP WHEN SOMETHING LIKE THIS HAPPENS OR TELL SUPERVISOR.

Action to Be Taken Warning Probation Suspension
 Dismissal Other _____

Consequence should incident occur again: WILL RE EVALUATE HIS DUTIES AND POSITION SHOULD SOMETHING HAPPEN DURING THE 30 DAY PROBATION PERIOD.

I Have Read This Employee Warning Notice And Understand It.

Signature of Employee: Keith Kotero Date: 09/13/2021
Signature of Employee Issuing the Warning: [Signature] Date: 09/13/2021
Signature of Supervisor: Phuong Date: 09/13/2021



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Acknowledgement of Receipt of Workplace Safety Policy

I certify that I have received a copy of Employer Solutions Staffing Group's ESSG WORKPLACE SAFETY POLICY. I understand that it is my responsibility to read this policy and ask my supervisor, a member of management or to telephone Employer Solutions Group (ESSG) at **952.835.1288/1.866.496.7573** with any questions I may have about this policy. I agree to comply with ESSG's policy on ESSG WORKPLACE SAFETY POLICY and I understand failure to comply is grounds for disciplinary action, up to and including termination.

I also agree that if at any time during my employment I believe that I am working in an unsafe or dangerous work environment, I will immediately contact my supervisor, manager, director or ESSG's Safety Director at **952.835.1288/1.866.496.7573** in order to obtain assistance in the resolution of such matters.

Employee Name (Please Print)

KEITH KOTERO

Employee's Signature:

Electronic Signature Accepted

Keith Kotero Date: ~~5/13/2019~~ 9/13/2021