



Employee Verbal Counseling Form

Employee Name: **Romeago Metho**

Date: **3-26-18**

Department: **Grinding**

Indicate if: Coaching/Counseling Session

Verbal Reprimand

Summary of incident and/or reason for warning or counseling: **Romeago did not follow proper fat testing procedure which caused unreliable fat testing results. Also, altering samples; such as adding water, is unacceptable.**

Summary of corrective action needed: **Re-using the same sample for more than one test is unacceptable. Romeago must follow proper FOSS protocol.**

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination.

Employee Signature  Date 3-26-18

(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself.)

Manager Signature  Date 3-26-18