

## Form 700.4.4 Non-Compliance Notification Form

| Administrative Information                    |  |            |  |                           |                             |  |
|---|--|------------|--|---------------------------|-----------------------------|--|
| Date:   |  |            |  | Departmer                 | nt:                         |  |
| Project/Facility:                             |  |            |  | Location:                 |                             |  |
| Person Involved                               |  |            |  |                           |                             |  |
| Employee Name:                                |  |            |  | Contractor Employee Name: |                             |  |
| Department:                                   |  |            |  | Company Name:             |                             |  |
| Direct Supervisor:                            |  |            |  | Direct Supervisor:        |                             |  |
| Item of Non-Compliance                        |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
| Repeat Item: Yes or No If Yes, Previous Date: |  |            |  |                           |                             |  |
| Disciplinary Action                           |  |            |  |                           |                             |  |
| Verbal Warning                                |  |            |  |                           |                             |  |
| Written Warning                               |  |            |  |                           |                             |  |
| Suspension                                    |  | From: To:  |  |                           |                             |  |
| Termination                                   |  | Effective: |  |                           |                             |  |
| Comments                                      |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
|   |  |            |  |                           |                             |  |
| Reviewed By:                                  |  |            |  |                           |                             |  |
| Direct Supervisor's Name:                     |  |            |  | Signature:                |                             |  |
| Superintendent's Name:                        |  |            |  |                           | Signature:                  |  |
|   |  |            |  |                           | Date Reviewed: May 19, 2016 |  |

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