

Chinook Middle School Technology Classroom
Student Safety Violation Warning Notice

Student Name: _____ Date of Warning: _____

Location of Violation: _____

Student Grade Level: _____ Supervising Teacher: Mr. Ken Brager

Date of Incident: _____ Time: _____

Type of Violation

- | | |
|--|--|
| Refusal to wear safety goggles while in tool use area <input type="checkbox"/> | Improper use of hand tools <input type="checkbox"/> |
| Horseplay <input type="checkbox"/> | Improper use of power tools <input type="checkbox"/> |
| Unsafe use of equipment <input type="checkbox"/> | Careless Handling of Material <input type="checkbox"/> |
| Improper use of computer <input type="checkbox"/> | Other _____ |

Student Statement of what occurred. (be accurate and as clear as possible)

What action will the student make to avoid this violation in the future?**(Be accurate and as clear as possible)**

Further violations of safety rules will result in parent conference, loss of tool usage, loss of computer usage, retesting of safety assessment and/or removal from classroom.

I Have Read This Student Warning Notice and Understand It

Signature of Student: _____ **Date:** _____