



Division of Administration and Finance
Planning + Design + Construction
PO Box 210186
Cincinnati, Ohio 45221-0186

SAFETY OBSERVATION

To Contractor: _____ Date: _____

Sub-Contractor (if applicable): _____

Project Number: _____ Project Name: _____
Phase: _____

The contractor/subcontractor has been verbally notified that the following work conditions do not conform to safety requirements established for the project:

Contractor Safety Representative Initial _____

Resolved? Yes No (If not resolved formal SO issued) **SO-** _____

University of Cincinnati, is formally notifying the contractor/subcontractor that the following condition(s) are in non-compliance with the safety requirements established for the project:

Originator: _____ Date: _____

Contractor's Corrective Action:

Corrective Action Completed _____
Contractor Safety Representative Signature _____ Date _____

Corrective Action Verified _____
Originator Signature _____ Date _____

Complete

Not Complete

2nd Notice Sent _____
Date _____

Complete Sign Off _____
Originator Signature _____ Date _____

File: 0031A