



**School of Medical Sciences**  
**OHS Non Compliance Notification Form**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Person Involved: \_\_\_\_\_

**Non Compliance**

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**Action Required**

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**Action completed**

(Person involved to sign and send form to OHS Coordinator)

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Disciplinary Action**

(Completed by Chair, OHS Committee)

**Incident 1**

- No further action required
- Report to Supervisor

**Incident 2**

- Report to SOMS OHS committee member

**Incident 3**

- Refer to Head of Department

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_

File to be kept by OHS Committee Coordinator (Carolyn Cuello, Room 501A, Ext 5 1522)