

FIRE SAFETY VIOLATION NOTICE

Show Information/Date :
Exhibiting Company:
Location / Booth #:
Violation Observed By / Position:
GC:

Description of Violation:

SAMPLE

Corrective Measures:

Corrections must be completed by: Date _____ Time: _____

Show Management Notification: Person: _____ Date/ Time: ____/____/____

Certificates Requested: Type _____ Date/ Time: ____/____/____

Corrective Measure–Inspection: By whom: _____ Date/ Time: ____/____/____
(Javits Personnel)

Compliance:

Yes Non Compliance – Supervisor Notification: Date/ Time: ____/____/____