

Follow-Up to Safety Assessment

Location: _____

Date of Inspection: _____

****Important**- Safety and Health Department Date Assigned to Resolve Issues:**

Issues to Address / Resolve: *If none, check here:* ☐

Resolution by School of each issue- please list (i.e. work order submitted to Maintenance Department on (date) and work performed on (date), corrected by school on (date) by initialing fire extinguishers, removed unlabeled chemical etc...) Be sure to complete by date assigned above.

Signature of Lead Custodian: _____

Please complete this form and send by courier to Emily Bowers in Safety and Health Department at Central Office.