

Myrtle Point School District 41

Code: **EBAC-AR(2)**
Revised/Reviewed: 12/06/10

Building Safety Form

Date: _____

Building : _____

Location/room number of safety issue: _____

Explain the nature of the safety issue: _____

Possible resolution: _____

Person reporting: _____ Direct Supervisor _____

Date of Safety Committee Review: _____	
Person Rectifying Safety Issue: _____	
Date Safety Issue Rectified: _____	
Superintendent signature: _____	Date: _____