

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 \_\_\_\_\_

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