

The School Board of Broward County, Florida

Safety Notification Form

The goal of the safety committee is to ensure that we all work in an environment that is both safe for our employees, as well as our customers (administrators and staff). Please identify any specific safety concern(s) that needs to be addressed.

THANK YOU in advance for your participation and valued input.

Description: _____

Action Taken: _____

(Name)

(Date)

Submit completed forms to immediate supervisor. [If Steward wants a copy, he/she can request a copy from Administration].

Location: _____

Fish # : _____ Date: _____

Requestor: _____

Recommended Action:

Immediate 1-5 day concern

Estimated time 30 days

Committee

Concern: _____

Action Taken: _____

Person of Initial Contact:

Direct Manager

HFSP

Principal

cc: Copy – FOPE/Union Steward