COLUMBIA HEIGHTS PUBLIC SCHOOLS EMPLOYEE HEALTH AND SAFETY REPORT FORM

Submitted by:	out top and submit to Principal/Building Administrator. Date Submitted:
Building:	Location/Room #
Specific Concern:	
This portion to be filled out by Manager of Operations	
Operations Department Follow-U	led when case is complete. p:
Response #:	Received By:
Investigated By:	Date Investigated:
Type of Concern: Safety, Indoor A	Air Quality, Asbestos, Lead, Other:
Findings:	
Building Operations involvement:	
Replied in writing? (Yes/No) Date	»:
Report produced? (Yes/No) Date:	
Problem resolved? (Yes/No) Expla	ain:

Employee sends <u>original</u> to: Principal/Building Administrator **Principal** sends <u>copies</u> to: Lead Custodian for building

Tom Foley, Manager of Buildings and Grounds