

City School District of New Rochelle  
District-Wide Health and Safety Committee  
515 North Avenue  
New Rochelle, NY 10801



**Report of School Facility/Health and Safety Issues:**

To: Building Principal/Department Head

From: \_\_\_\_\_

Date: \_\_\_\_\_

Building/Location: \_\_\_\_\_

Please describe the health/safety issue(s) in question:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

---

**To be complete by Principal/Department Head:**

Date Received \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal/Department Head: \_\_\_\_\_

Please forward this completed form to Mr Jeff White, Assistant Superintendent of Business and Administration and Mr. Carl Thurnau, Director of Facilities, City Hall

---

Date Received by District-Wide Health and Safety Committee: \_\_\_\_\_

Resolution: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Responded to originator of report on: \_\_\_\_\_