

City School District of New Rochelle  
District-Wide Health & 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: \_\_\_\_\_

Below please describe the health/safety issue(s) in question.

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

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

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**To be completed 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 Carl Thurnau, Director of Facilities at City Hall

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Date received by District-Wide Health & Safety Committee: \_\_\_\_\_

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

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

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