



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

To: Mr. Michael Galland, Principal  
From: \_\_\_\_\_  
Date: \_\_\_\_\_  
Building/Location: George M. Davis Elementary School

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

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

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

---

**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 Arturo Rivera, Director of Facilities at City Hall

---

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

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

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