

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. Carl Thurnau, Director of Facilities, City School District of New Rochelle, 515 North Ave. New Rochelle, NY 10801-3416, fax: (914) 576-4447.

Date Received by District-Wide Health and Safety Committee: _____

Resolution: _____

Responded to originator of report on: _____