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	e the health/safety issue(s) in question.	
	Signature	e:
		1.
	Principal/Department Head:	
Date Received:		
Action Taken:		
Si	ignature of Principal/Department Head:	
Please forward this o	completed form to Mr. Jeff White, Assistant Superinte Arturo Rivera, Director of Facilities at City Hall	
Date received by Di	strict-Wide Health & Safety Committee:	
Resolution:		
		•
Responded to origin	nator of Memo on:	