

# HFM BOCES SAFETY COMMITTEE



## Health/Safety Concern Reporting Form

Building:	Date:
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***Important: This form should be used for persistent issues related to specific Safety & Health Issues that need to be addressed outside of the normal work order system. Please enter routine comfort-related requests through the work order system online. Emergency situations should be reported directly to your program supervisor or the Operations Department at 736-4380.***

Health/Safety Concern. Please be as specific as possible:


Signature (required): \_\_\_\_\_ Print name: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

***Return the completed form to the building principal or one of the following safety committee members:***

**Kwame Boakye-Yiadom**

**Jessica Kirby-Barnes**

**Craig Barker**

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### Safety Committee Use Only:

Safety Committee Response:

Date Received:


☐ Accept ☐ Decline-reason: \_\_\_\_\_