



SAFETY DEFICIENCY NOTICE

THE SCHOOL DISTRICT OF LEE COUNTY

Section I: To be filled out by person reporting the deficiency (any person may initiate a Safety Deficiency Notice)

District Site Name: _____ F.I.S.H. NO.: _____ Date: _____

EXPLANATION OF DEFICIENCY:

Submitted By: (Optional) _____ Print Name: _____

Section II: Reviewed/Inspected by _____ of the Safety and Security Department.

EXPLANATION OF FINDINGS:

Referred to: _____ of _____ Department for corrective action. Date: _____

Received by: _____ of _____ Department. Date: _____

Section III: Dept. /Supervisor has taken the following action to eliminate the above stated safety deficiency: (within 30 days)

Work order #: _____

Date of correction and resolution to Issue: _____

Signature: _____

Print Name Here: _____

Please forward completed report to the Safety and Security Department upon origination and completion.