

For Office Use Only:

No. _____

Date: _____

Date completed: _____

**Pleasant Valley School District
Workplace Safety Committee
Staff Reporting Form**

Complete this form to report what you consider to be any area(s) or condition(s) of a safety concern you observed in your classroom or building. When complete give or send the original copy to your building principal or his/her designee and send a copy to Rich Hicks, Pleasant Valley Workplace Safety Committee President, at PVI.

Describe the areas(s) or condition(s) of safety concern: _____

Your Signature (optional): _____ Date: _____
(Your signature is not required; however, if you sign your name, a committee member will respond.)

Action taken: _____

Action taken by: _____ Date: _____

Picture taken and sent to Rich Hicks. Date: _____