

SMITHTOWN CENTRAL SCHOOL DISTRICT
26 NEW YORK AVENUE, UNIT 1
SMITHTOWN, NY 11787

EMPLOYEE/RESIDENT REPORT TO HEALTH & SAFETY COMMITTEE

This form is intended for use by Smithtown Central School District employees/residents only, to report any health and safety related concerns within School District facilities or on its grounds. Please return this form to Andrew Tobin, Assistant Superintendent for Finance & Operations, at the above-referenced address. Thank you.

Name of Building: _____ Date of Report: _____

Name, Address, Phone # and Signature of Individual Submitting Report:

Name: _____ Address: _____

Phone: _____ Signature: _____

Is the Concern: Inside the building _____ Outside the Building _____

Specific Location of Concern (either within or on the grounds surrounding a facility):

Nature of Health & Safety Concern (*Please be specific*): _____

Date Received by School District: _____ Initials: _____

Date Received by Health & Safety Committee: _____ Initials: _____

Results of Investigation: _____

Date Reply Sent to Individual who Submitted Report: _____