



Safety & Maintenance Form

To ensure all safety & maintenance concerns/issues are addressed in an efficient and timely manner.

BUILDING / LOCATION

Name:	Date/ Time:
Building:	Room/Area:
Location Description:	

SAFETY NOTIFICATION:

GENERAL SAFETY
 HEALTH CONCERN
 STRUCTURAL
 ELECTRICAL
 GROUNDS

REPORTING ITEM DECRPTION (ADDITIONAL SPACE ON BACK OF FORM):

OFFICE USE ONLY:

Person(s) Receiving:	Date Received:
Responding Person(s):	Location Turned In:
Immediate Response Necessary : YES NO	If No, Timeline Of Response:
Maintenance Repairs Required: YES NO	If No, Contacted Responsible Party:
Location Of Response: <input type="radio"/> PHS <input type="radio"/> PMS <input type="radio"/> PES <input type="radio"/> CPS <input type="radio"/> BES	
Additional Follow-Up(s): YES NO	Resolution Date:
Signature(s) Upon Resolution:	
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