



## 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)

<b>Work order #:</b> _____

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.**