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.
