

**Jordan School District
Report A Safety Concern**

SAFETY MAINTENANCE REQUEST FORM

LOCATION : _____

Please indicate within one week what corrective action will be taken.

PROBLEM :

CORRECTIVE ACTION :

REPORTED BY : _____ DATE : _____

COPY TO : (Indicate below by having individuals sign as a record of receipt)

EMPLOYEE _____ DEPARTMENT HEAD _____

PRINCIPAL _____ MAINTENANCE DIRECTOR _____

OTHER _____