CITY SCHOOL DISTRICT OF ALBANY

HEALTH & SAFETY COMMITTEE
INFORMATION REQUEST FORM

ANY IMMEDEDIATE HAZARD OR THREAT TO SAFETY SHOULD BE ADDRESSED TO THE BUILDING PRINCIPAL OR HOUSEMASTER

The purpose of the committee is to provide information to those who are concerned about existing and potential hazards in the school environment, and to address those concerns by investigation, recommendation of possible solutions and follow-up.

Please make sure that all of the information is filled out and that the building principal and custodian have had ten business days to rectify the problem before sending this form.

Submit copies of this completed form to ALL listed below:

1. Building principal
2. APSTA Building rep
3. District Supervisor of Buildings & Grounds
4. APSTA President
5. APSUE President
6. H & S Chairperson
7. Assistant Superintendent for Business

Person (s) or Group_____ Date_____

Building Name_____ Phone _____

I DESCRIPTION OF CONCERN/PROBLEM
(Please include nature of concern, location in building, duration, dates/ times of occurrences)

II HISTORY OF CONCERN/ PROBLEM
(Please list previous steps taken to correct concern. Please attach supportive documentation or materials, if applicable)

Signature of complainant_____ date_____

Date Received by Labor Management Committee_____

Building Labor Management recommendations:

Date received by Health & Safety Committee:_____

Health & Safety Committee Recommendations:

Acceptance of Health and Safety committee recommendation

_____ date _____date

APSTA/APSUE Rep Building Principal