

NEW PRAGUE AREA SCHOOLS

Hazard Report Form

This form should be used if you have a safety / health concern. It should not be used indoor air quality (IAQ). (A separate form is available for IAQ)

Name: _____ Date: _____

Date Hazard was Discovered _____

Building: _____ Phone: _____

Location of Concern in Building: _____

Description of Concern: _____

Suggested Correction if Known: _____

Comments _____

OFFICE USE ONLY

Received by _____ Date Received _____

Priority High Low

Action Taken

Date Action Was Taken _____

Comments:

RETURN FORM TO CENTRAL SERVICES