SCHOOL DISTRICT NO. 50 (HAIDA GWAII/QUEEN CHARLOTTE) SAFETY INSPECTION FORM

Date: _		Signatures of Inspection Team				
To Be Completed By Inspection Team:		Action Taken:			Follow Up	
Location	Description of Safety Concern	Work Order Issued (Yes/No)	Work Order No. Issued by Board Office ONLY	Action by Staff (Yes/No)	Date to be Completed	Action Taken Completed/Date Pending