



SAFE SCHOOLS/RISK MANAGEMENT COMMITTEE

_____ Monthly/Quarterly Meeting

School/Department _____ Date _____

Committee Members:

Title:

Agenda in Action: (Minutes)

Action Needed:	Work Order Submitted	Work Order Submitted
1. _____	<input type="checkbox"/>	4. _____ <input type="checkbox"/>
2. _____	<input type="checkbox"/>	5. _____ <input type="checkbox"/>
3. _____	<input type="checkbox"/>	6. _____ <input type="checkbox"/>

Please attach extra sheets as needed

Principal's Signature