



**SAFE SCHOOLS/RISK MANAGEMENT COMMITTEE**

\_\_\_\_\_ Monthly/Quarterly Meeting

School/Department \_\_\_\_\_ Date \_\_\_\_\_

**Committee Members:**

**Title:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Agenda in Action: (Minutes)**

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

<b>Action Needed:</b>	<b>Work Order Submitted</b>	<b>Work Order Submitted</b>
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