**SCHOOL SAFETY COMMITTEE REPORT**

**Send to Office of Education**

Complete and send to the Office of Education, Northern California Conference of SDA

P.O. Box 619015, Roseville, CA 95661; education@nccsda.com

  **Date:** 

**I. Name of School:** 

  **Name of School Safety Committee Chairman:** 

 **Members of the School Safety Committee:**  



 **Frequency of planned Committee Meetings:** 

**II. List corrective measures recommended to prevent repetition of the types of accidents that**

**occurred in the previous school year.** 







 **List corrective measures implemented since previous report.** 





**III. Safety awareness is promoted for staff and students each year** 





**IV. Plans for quarterly Safety Committee Reports to the School Board have been arranged.**







*Signature of the Chairperson or Secretary of the Safety Committee*

Modified: SECC Red Book