CONSTRUCTION ISSUES

Date: _____ Time: _____ Name & Title: _____

Incident: _____

_____

_____

Location: _____ _____

_____

_____

Health/Safety/Welfare Concern: _____

_____

_____

Effect on Damon Campus: ____ _____

_____

**********Do not write below this line**********

Landlord/Contractor Response: _____

_____

_____

Health/Safety/Welfare Concern: _____

_____

Comments: _____

_____

_____ _____

Name Title

Please return to the DCC Executive Dean c/o amanuele@monroecc.edu