

PLAYGROUND REPORT FORM

Child safety issues please see Mr. Rowehl immediately

Date _____

Time _____

Request by _____

Location of work _____

Work needed _____

Is this an immediate safety issue? _____

Inspected by _____

Work completed _____

When form is completed, please return to the office.

Thanks

Mr. Rowehl

Note: Please use one form for each request! For extra forms please come to the office.