



United Federation of Teachers
A Union of Professionals

**Safety and Health
Lab Inspection Request Form
Fax to: 212.677.6612**

Lab Specialist: _____

School Code/Name: _____ **District:** _____

Chapter Leader's Name: _____

If there are specific areas of concerns – Please describe in detail and include the location(s)/room number(s):

For the Safety and Health Department use only

Action Taken/ Date Scheduled: _____

Has the chapter leader been notified? Yes No

Did the DR get notified? Yes No

Did the DR notify the principal/school? Yes No

