

# STATEMENT OF COMPLETION FOR HEALTH/LIFE SAFETY AMENDMENT

The Board of Education for \_\_\_\_\_, in  
*District Name and Number*

\_\_\_\_\_ County, upon resolution adopted at a duly convened meeting, hereby proclaims the

work outlined in the Health and Safety Survey/Amendment # \_\_\_\_\_ and completed under the following building

permit(s) \_\_\_\_\_ (or NA) report for the \_\_\_\_\_ building at

\_\_\_\_\_, Illinois, as required under Section 2-3.12 of,  
*Address of School*

the School Code of Illinois, approved by the State Superintendent on \_\_\_\_\_ in the Amount of \$

\_\_\_\_\_ and with an Actual Expense of \$ \_\_\_\_\_, has now been

completed.

WHEREAS, The Safety Survey Report/Amendment described certain conditions of the building that did not comply with health and safety requirements as set out in **Building Specifications for Health and Safety in Public Schools**, 23 IL ADM Code 185, **Efficient and Adequate Standards for the Construction of Schools**, 23 IL ADM Code 175, and/or **Health/Life Safety for Public Schools**, 23 IL ADM Code Part 180;

WHEREAS, The Board of Education of School District No. \_\_\_\_\_, in \_\_\_\_\_ County, has caused to be effectuated such recommendations contained within the Safety Survey Report as necessary to cause compliance with Part 185, 175 and/or 180;

NOW, therefore, we \_\_\_\_\_, President of the Board of Education of School District

No. \_\_\_\_\_ in \_\_\_\_\_ County, Illinois and \_\_\_\_\_, the responsible design professional, state that the above named Safety Survey Report or Amendment is now in compliance with Part 185, 175 and/or 180.

\_\_\_\_\_  
*Date* *Signature of President of the School Board*

(Seal)

\_\_\_\_\_  
*Date* *Signature of District Superintendent*

\_\_\_\_\_  
*Date* *Signature of Design Professional*

The report of District # \_\_\_\_\_ has been reviewed. The statements of the Design Professional and District Officials provide assurance that all requirements of 23 IL ADM Code, Parts 175, 185 & 180, have been met, regarding work at the

\_\_\_\_\_  
*(Building Name)*

\_\_\_\_\_  
*Date* *Signature of Regional Superintendent*

\_\_\_\_\_  
*County*