

SAFE Facility Worksheet

District/Site: _____

<u>Room</u>	<u>Room Usage</u>	<u>Square Footage</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Total:

Submitted by: _____ Date: _____

Approved by: _____ Date: _____