

Level of Priority High, Medium, Low, or N/A	Q. Security measures for Our Own School (Security measures we need to take that are not on the checklist)	Schedule	Implemented
_____	Q1.	Assigned to: Deadline: Comments:	<input type="checkbox"/>
_____	Q2.	Assigned to: Deadline: Comments:	<input type="checkbox"/>
_____	Q3.	Assigned to: Deadline: Comments:	<input type="checkbox"/>
_____	Q4.	Assigned to: Deadline: Comments:	<input type="checkbox"/>
_____	Q5.	Assigned to: Deadline: Comments:	<input type="checkbox"/>
_____	Q6.	Assigned to: Deadline: Comments:	<input type="checkbox"/>