SUGGESTIONS FOR IMPROVEMENT STATUS REPORT

Municipality_____ Date_____

This status report applies to the Loss Control survey **conducted** on _____.

Please use this form to update the status of outstanding Suggestions for Improvement and submit by return mail, fax or e-mail within 60 days after receipt of report.

CONNER STRONG RISK CONTROL
Attention: Karen La Sala
231 Main Street, P. O. Box 2017
Toms River, New Jersey 08754
Fax: 732-660-5026
klasala@connerstrong.com

1. **SUGGESTION(S) COMPLETED: (Indicate by Number/Date)**

2. **OUTSTANDING SUGGESTION(S):**
   (Indicate by Number and Date of Estimated Completion)

3. **SUGGESTIONS FOR IMPROVEMENT THAT NEED FURTHER CLARIFICATION OR DISCUSSION:**

4. **SUGGESTION(S) THAT IS/ARE A BUDGET ITEM:**

Signature_____ Title_____