Capital Safety Project Request Form
Return completed form to Mark D Murray, EH&S, Box 354400

Date: _______________  Request Completed 
by: ___________________________
Dept: _____________________ Box #: _________________
Phone: _____________________ Fax: ____________________
Email: ______________________

I. PROJECT DESCRIPTION

A. Problem: ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

B. Possible Capital Safety Solution: ______________________________
   __________________________________________________
   __________________________________________________

C. Location: (Building, room area, etc.) _________________________
   __________________________________________________
   __________________________________________________

D. Estimated Cost: ______ Estimate Based on: ____________________
   __________________________________________________

E. Have you done any design or planning work on this project?   _____ Yes   _____ No

II. PROJECT DATA

A. Has an accident or injury incident occurred at this location?   _____ Yes   _____ No
   If yes, provide date and brief description: ______________________________
   __________________________________________________
   __________________________________________________

B. Is this project necessary to meet a regulatory requirement?   _____ Yes   _____ No
   If yes, identify: _________________________________________________
   __________________________________________________

C. Have any citations been received because of this problem?   _____ Yes   _____ No

D. Have any efforts been made to correct this problem to date?   _____ Yes   _____ No

E. Are any other sources of funds available to partially fund this project?   _____ Yes   _____ No
   Explain: _______________________________________________________

F. Approximately how many students, faculty, staff and/or volunteers are impacted by this situation on a daily basis? ________