

Capital Safety Project Request Form

Return completed form to Scott D. Nelson, PE, EH&S, Box 354400

Date: _____

Request Completed by:

Name: _____

Dept: _____ Box #: _____

Phone: _____ Fax: _____

Email: _____

I. PROJECT DESCRIPTION

A. Problem: _____

B. Possible Capital Safety Solution: _____

C. Location: (Building, room area, etc.) _____

D. Estimated Cost: _____

E. Estimate Based on: _____

F. 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? _____