



Facilities Services and Project Management & Construction Services

Safety Equipment Request Form

Date: _____

To: Jennifer Root
Safety Coordinator
Office: 471-3292

Mail Code: H9500

From: _____ Shop: _____ Contact Number: _____

List the item(s) that you would like Safety to purchase. List the shop if it is different than the one listed above. Include product descriptions and approximate costs. You may photocopy catalog pages and attach them, if available.

List the reason(s) you think these items should be provided by the safety section.

(Use back of paper if more room is needed and mail to Safety Coordinator)

Safety Coordinator comments (Date: _____): _____

Assistant or Associate Director comments (Date: _____): _____

Director comments (Date: _____): _____

Result:

- Approved to use Safety funds Approved through Shop MO&E funds Not approved