

# REQUEST FOR SERVICE

## HUMAN RESOURCES AGENCY Risk Management Division

**REQUESTED BY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **BY:**  PHONE  MAIL  IN PERSON  
(Name of Person Submitting Request)

- Management  Workers' Compensation  Employee Relations  
 Disability Compliance  Union Representative  Other \_\_\_\_\_

**Dept.:** \_\_\_\_\_ **Project Location:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**DESCRIPTION OF REQUESTED SERVICE:** \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_ **REQUESTED COMPLETION DATE:** \_\_\_\_\_

### TO BE FILLED IN BY RISK MANAGEMENT DIVISION ONLY

- Property & Casualty Insurance Office  Casualty Claims Office  County Safety Office  Safety Specialist  IH  
 Office Specialist

**PROJECT NAME:** \_\_\_\_\_ **PROJECT NUMBER:** \_\_\_\_\_

- Short-Term  Long-Term

#### PROJECT NATURE:

- Air Monitoring  Cal/OSHA Inspection  Contractor Safety  Job Safety Analysis  
 Indoor Air Quality Complaint  Cal/OSHA Citation  Design Review  PPE Review/Recommendation  
 Illumination  Cal/OSHA Appeal  Ergonomic Evaluation  Program Audit/Review  
 Noise Monitoring  OSHA 200 Review  Hazardous Material Usage  Training  
 Radiation  Accident Investigation  Injury/Illness Statistics  Workplace Violence  
 Ventilation  Contract Review  Inspection  Other \_\_\_\_\_

**PROJECT MANAGER:** \_\_\_\_\_ **DATE RECEIVED ASSIGNMENT:** \_\_\_\_\_

**ESTIMATED COMPLETION DATE:** \_\_\_\_\_ **ACTUAL COMPLETION DATE:** \_\_\_\_\_

### REVIEW PERIODS

Report Date	To Whom	Report Date	To Whom

### TIMELINE (If Applicable)

Task	Start Date	Planned Due Date	Actual Finish Date

