

# Safety Fund Authorization & Disbursement Form

The purpose of the University Safety Fund is to promote a safe and healthful working environment for University Employees by funding workplace safety and health improvements and upgrades.

Instructions: Complete application and submit to the Office of Risk Management for review by Safety Committee.

## 1. APPLICANT INFORMATION

Requestor:	Phone:	E-mail:	Fax:
University Department/Area	EFS Account	Amount Requested \$	

## 2. EMPLOYEE SAFETY ISSUE/CONCERN (Attach separate sheet if necessary.)

Provide a brief description of employee safety issue:
Frequency and/or severity of safety issue:
Possible solutions considered:
Proposed solution and reason for selection:
Expected outcome:

## 3. ELIGIBLE EXPENDITURES

<input type="checkbox"/> Durable Safety Equipment (Machine Guards/Alarms, etc.) Describe: <input type="checkbox"/> Durable Job Tools (Lifts, Ergonomic Aids, etc.) Describe: <input type="checkbox"/> Other:	<input type="checkbox"/> Educational Training Program <input type="checkbox"/> One-time Program <input type="checkbox"/> Recurring Program Program Description:
<b>Excluded Expenditures</b> <ul style="list-style-type: none"> <li>Personal protective equipment and consumables typically required to perform job duties, i.e. protective eyewear or goggles, respirators, dust masks, special clothing, first aid supplies, latex gloves, etc.</li> <li>Safety equipment integral to the building structure and essential to its current or intended use or maintenance, i.e. fire alarms, fire protection/control, hand rails, barriers, general HVAC, etc.</li> </ul>	

## 4. AUTHORIZATION

Office of Risk Management	Signature:	Date:
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