

OSH MODIFICATION PROJECT SUBMISSION

Bldg #:

Room #:

Bldg Name:

Person Submitting Request:

Phone Number/Email:

Room POC (if different):

Phone Number/Email:

Description of Hazard:

Scope of Modification:
(ESSR can assist in
determining)

Number of People Impacted:

Frequency of Occupancy:

Risk Assessment Severity

Risk Assessment Probability:

Justification (for example:
fire code, lab inspection
finding, etc.)