

UCI – ENVIRONMENTAL HEALTH & SAFETY

Plan/Document Review Transmittal Sheet, Fire Safety Division
 4600 Bison Ave, 2nd Floor, Irvine, CA. 92657-2725 Main Office Number (949) 824-6200, Fax
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LIT&S Doc 001-A

DATE RECEIVED AT EH&S	DATE RETURNED TO D&CS
EH&S ID#	Attn: Todd Krzysko, Ext. 4-6630
EH&S DUE DATE:	<i>D&CS Processor/Date – Outgoing:</i>
	<i>D&CS Processor/Date: - Incoming:</i>

DESIGN AND CONSTRUCTION

(FILL OUT FORM ITEMS COMPLETELY)

1) PROJECT NUMBER:		2) REQUESTED DUE DATE:	
3) PROJECT NAME:			
4) SCOPE OF REQUESTED REVIEW:			
4a) FOR RECORD ONLY:	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	5) BACK CHECK: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
6) PROJECT MANAGER:		7) PHONE:	
8) CHECK THE BOX NEXT TO THE TYPE OF DOCUMENT BEING SUBMITTED AND INDICATE THE DOCUMENT NAME/TITLE IN THE ADJACENT SPACE.			
<input type="checkbox"/>	RFI		
<input type="checkbox"/>	SUBMITTAL:		
<input type="checkbox"/>	OTHER:		
9) ANSWER "YES" OR "NO" TO EACH OF THE FOLLOWING QUESTIONS.			
* (Items A Thru G relate to the "SCOPE OF REQUESTED REVIEW)		YES	NO
A	FIRST-TIME PROJECT SUBMITTAL?		
B	SQ.FT. ADDED TO EXISTING BUILDING?		
C	CHANGE OF EXISTING FLOOR PLAN?		
D	CHANGE(S) TO CIVIL, MECHANICAL, PLUMBING, OR ELECTRICAL?		
E	CHANGE(S) TO FIRE ALARM & DETECTION SYSTEM?		
F	CHANGE(S) TO FIRE EXTINGUISHING SYSTEMS?		
G	REQUESTS FOR THE REVIEW OF SPECIFIC EH&S ITEMS ARE INDICATED ON THE BACKSIDE OF THIS SHEET.		
* Fire Marshal Comments :		For E S USE ONLY	

Submittal Complete? YES NO SFM

Signature: _____

Environmental Health & Safety Review Items

Biosafety/Other:

- Animal Care Facilities/Vivarium
- Autoclaves
- Biosafety Cabinet
- Biohazard/Biological Agent/Materials
- BSL2/BSL3
- Cold Room
- Recombinant DNA
- Select Agents

YES

NO

- Tissue Culture

Contact: Anju Subba – 44365 or
Medalyn Supnet – 44170 or
Sandra Conrad – 46982

Plan Reviewer Comments: _____

Chemical Safety:

- Chemicals
- Chemical Cabinets
- Chemical Storage
- Clean Room
- Compressed Gases
- Corrosive Cabinet
- Eyewash
- Flammable Cabinet
- Fume
- Glove Box
- Laboratory
- Safety Shower

YES

NO

Contact: Megan Dumas – 48342
or Blaise Bautsch – 49940

Plan Reviewer Comments: _____

Environmental Management:

- Emergency Generator
- Hazardous Waste
- Oil Filled Equipment >55 gallons
- Stormwater Management
- Aboveground and Underground Storage
- Boilers & Water Heaters
- Air Conditioners
- Chillers
- SF6 Switchgear

YES

NO

Contact: Kirk Matin – 44578

Plan Reviewer Comments: _____

Fire Alarm:

- Fire Alarm Modification
- Fire Safety Work Order Required for Support

YES

NO

Contact: Jim Bola – 49929

Plan Reviewer Comments: _____

Fire Sprinkler:

- Fire Sprinkler
- Fire Sprinkler and Fire Safety Work Orders Required for Support

YES

NO

Contact: Jason Delaney – 46093

Plan Reviewer Comments: _____

Industrial Hygiene:

- Asbestos-containing Materials
- Clean Room
- Contractor Chemicals
- Food Facilities
- Fume Hoods/Local Exhaust
- Indoor Environmental Quality- Chemicals, Noise,
- Lab. Ventilation System-Noise &
- Lead-based or Lead –containing surfaces
- Mold
- Food
- Water Quality/Chlorination

YES

NO

Contact: Alvin Samala – 44817

Plan Reviewer Comments: _____

Radiation:

- Laser
- Radiofrequency/Microwave Antennas
- Particle Accelerators/Room Shielding
- Radioactive Materials Use/Hoods
- Reactor Facility, Rowland Hall
- X-Ray Machine Use/Room Shielding

YES

NO

Contact: Rocky Dendo – 44557 or
Kirk Matin – 44578

Plan Reviewer Comments: _____

Safety:

- Arc Flash Labeling
- Control of Hazardous Energy (LOTO)
- Electrical (Low/High Voltage)
- Fall Protection

YES

NO

Contact: Blaise Bautsch – 49940

Plan Reviewer Comments: _____