

EH&S Plan/Document Review Transmittal

Fire Safety Division

4600 Health Sciences Road, Irvine, CA. 92697-2725 Main Office (949) 824-6200, Fax (949) 824-8539

DATE RECEIVED AT EH&S:

DATE RETURNED TO Facilities Management

EH&S ID:

FACILITIES MANAGEMENT

1a.) FM Requested Due Date: _____ 1b.)EH&S Due Date: _____

2) Project Number: _____

3) Building Name: _____

4) Project Name: _____

5) Scope of Work: _____

6) Building Type / Occupancy _____

7) BACK CHECK: YES NO BY: (PRINT) _____

8a.) Project Manager: _____ 8b.) Phone: _____

9) ANSWER “YES” OR “NO” TO EACH OF THE FOLLOWING QUESTIONS.

| <i>(Items A Thru G relate to the “SCOPE OF WORK”)</i> | | YES | NO |
|---|---|--------------------------|--------------------------|
| A. | A new building? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. | Sqft. Added to (E) building? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. | Change of existing floor plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. | Civil, Mechanical, plumbing or electrical? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. | Fire alarm and detection system? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. | Fire extinguishing systems? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. | Requests for the review of specific EH&S departments are indicated on page 2 of this document. | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|---|---|---|
| DOCUMENTS ATTACHED: | DOCUMENT STATUS: | REQUEST TO CFM: |
| <input type="checkbox"/> Plans | <input type="checkbox"/> Preliminary Review | <input type="checkbox"/> Comments & Corrections |
| <input type="checkbox"/> Specifications | <input type="checkbox"/> 50% Review | <input type="checkbox"/> Approval Stamp |
| <input type="checkbox"/> EH&S Redlines | <input type="checkbox"/> 90% Review | <input type="checkbox"/> Approval for Contracts |
| <input type="checkbox"/> Addendum | <input type="checkbox"/> 100% Review | <input type="checkbox"/> Other: |

FIRE MARSHAL COMMENTS: _____

Job Complete? YES NO Date: _____

Print Name: _____ Signature: _____

Environmental Health & Safety Review Items

Biosafety/Other:

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

YES NO

- Tissue Culture

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

Plan Reviewer Comments: _____

Chemical Safety

- | | |
|---------------------|---------------------|
| - Chemicals | - Compressed Gases |
| - Chemical Cabinets | - Corrosive Cabinet |
| - Chemical Storage | - Eyewash |
| - Clean Room | - Flammable Cabinet |

YES NO

- Fume Hood
- Glove Box
- Laboratory
- Safety Shower

Contact: Megan Dumas – 48342 or
Blaise Bautsch – 49940

Plan Reviewer Comments: _____

Environmental Management:

- | | |
|------------------------------------|---|
| - Emergency Generator | - Stormwater Management |
| - Hazardous Waste | - Aboveground and Underground Storage Tanks |
| - Oil Filled Equipment >55 gallons | - Boilers & Water Heaters |

YES NO

- Air Conditioners
- Chillers
- SF6 Switchgear

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

YES NO

Contact: Jason Delaney – 46093

Plan Reviewer Comments: _____

Industrial Hygiene:

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

YES NO

- Mold
- Food Facilities/Restaurants
- Water Quality/Chlorination

Contact: Alvin Samala – 44817

Plan Reviewer Comments: _____

Radiation:

- | | |
|--|------------------------------------|
| - Laser Equipment/Magnets | - Radioactive Materials Use/Hoods |
| - Radiofrequency/Microwave Antennas | - Reactor Facility, Rowland Hall |
| - Particle Accelerators/Room Shielding | - 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: _____