HAZARD ABATEMENT PROJECT REQUEST FORM

ACTIVITY NAME AND ADDRESS:	Date submitted:
	Activity UIC:
	Major claimant:

PROJECT INFORMATION

1. Project title: (*Describe action to abate/eliminate the hazard*)

2. Project No.	3. Estimated Cost (*$K*)	4. Risk Assessment Code *(Circle one)* Probability Severity 1 2 3 ___ ___

5. Problem: No. of people regularly exposed to the hazard:

6. Proposed Corrective Action:

7. Applicable Standards/Regulations:

8. Citations (*OSHA, STATE AGENCIES, NOIU, ETC.):*

9. Interim Controls:

10. Points Of Contact (*Enter All Applicable*):

Function Name	Phone	Fax	Internet E-mail
a. NAVOSH _____	_____	_____	_____
b. Facilities: _____	_____	_____	_____
c. Claimant: _____	_____	_____	_____

R)

OPNAV 5100/19 (8-00)

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