Renovations and Remodels - Risk Review Form (RRF)

UNIVERSITY OF CALIFORNIA, BERKELEY Capital Projects/Business and Administrative Services/Academic Planning and Facilities

Department/Unit:
Name: _____
Phone: _____
Email: _____
Fax: _____

Date: _____

Department Project Number: _____

Plant Account Number: _____

Requested by: _____

Project Title: _____

Building: _____

Room Numbers: _____

Description of Work:

Reason/Need for Project:

If checked yes, must take the following actions (for more information, contacts are provided):

YES	NO		
X		**For all projects, file an on-line project evaluation via EH&S website** *(EH&S will review information and redirect to Capital Projects if required)*	**http://fm.ehs.berkeley.edu/projectreviewform.html.**
		Submitted _____ *By* _____ (*date* / *name*)	
(Project impacts)		***If project scope impacts any of the following, a contact name is provided for futher discussion on campus requirements.***	
		Hazardous materials/storm water	Contact Greg Haet: gjhaet@berkeley.edu
		Sanitation/food service and safety	Contact Brigitte Bankay: bbankay@berkeley.edu
		Disabled access	Contact Brenda Farmer: brenda@media.berkeley.edu
		Environmental Quality Impacts	Contact Jennifer Lawrence: jlawrence@cp.berkeley.edu
		Exterior alterations to building or landscape	Contact John Zilber: jzilber@cp.berkeley.edu
		Historical building (over 50 years old)	Contact David Duncan: dduncan@cp.berkeley.edu
		Impacts to existing parking	Contact Fred Johnson: fredj@berkeley.edu
		Pedestrian & street access interruptions	Contact John Zilber: jzilber@cp.berkeley.edu
		Structural modifications	Contact John Zilber: jzilber@cp.berkeley.edu
		Temporary program and/or staff relocation	Contact Emily Marthinsen: emarthinsen@cp.berkeley.edu
		If project changes room numbers or floor plans, submit RRF to SMCP	Contact Steve Lesky: slesky@berkeley.edu
		Submitted _____ *By* _____ (*date* / *name*)	
		If project is >$35,000 submit RRF to SMCP	Contact Tom Ventresco: tjv@berkeley.edu
		Submitted _____ *By* _____ (*date* / *name*)	
		If project involves specialized research equipment, submit RRF for approval by Vice Provost Academic Planning and Facilities	Contact Trish Cascardi: trishc@berkeley.edu
		Submitted _____ *By* _____ (*date* / *name*)	

Estimated Total Project Value: **$** _____
Estimated Self-Performed Work: $ _____
Estimated Outsourced Work: $ _____