

PROJECT APPROVAL TRACKING SHEET

School Name: _____

Principal Name: _____

Project Proponent: _____

Project Description/Scope of Work: _____

APPROVALS

Signature by the appropriate unit is required if the answer is YES to any question.

Organization

Signature

Date

School Site Administrator _____

Asset Management: _____

Does the project involve campus greening (tree planting, gardens, etc)? Yes No

Asbestos Technical Unit (ATU) _____

Does the project impact asbestos or lead-containing materials (such as paint)? Yes No

M&O Management: _____

Does the project involve sustainable products or technologies? Yes No

OEHS Management: _____

Does the project use chemicals or involve playground equipment? Yes No

Does the project require OEHS environmental review? Yes No

Product Evaluation Committee _____

Does the project impact emerging technologies systems or products not covered by the District's current specifications? Yes No

Project Execution Management (Design) _____

Risk Management: _____