PROJECT APPROVAL TRACKING SHEET

School Name: _____   **DATE OF EVENT:** _____

Principal Name: _____   **CPM 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(`Principal`)	_____	_____
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: (`CPM`) | _____ | _____ |

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: | _____ | _____ |