

# OSH MODIFICATION PROJECT SUBMISSION

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Bldg #:

Room #:

Bldg Name:

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Person Submitting Request:

Phone Number/Email:

Room POC (if different):

Phone Number/Email:

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Description of Hazard:

Scope of Modification:  
(DES can assist in  
determining)

Number of People Impacted:

Frequency of Occupancy:

Risk Assessment Severity

Risk Assessment Probability:

Justification (for example:  
fire code, lab inspection  
finding, etc.)