

Applicant Name:		Applicant Job Title:		
Department Name:		Phone:		
Identify the risk to be reduced or eliminated:				
Describe your loss prevention project(or provide attachment):				
Is this project based on prior losses arising out of the identified risk If so, please explain				
Project Support: Please provide copies of data and/or use the space provided for rationale for your loss prevention request:				
Loss Prevention Application Category: (Please mark only one)				
Auto Liability	Employee Practices	General Liability	Property	
Workers' Safety	Ergonomics			
Estimate savings to be realized from the loss prevention project			\$	
Total estimated cost of project			\$	
Funding to be provided by your department, if any			\$	
Funding requested			\$	
Accounting Codes for Reimbursement Funds ORG Fund				
Dean/Director Approval:			Date:	
Campus EHS/RM Office:	Approved		Date:	
	Not Approved-does not Not Approved-other:	meet program guideliñes		
System Office of Risk Servise	Approved		Date:	
	Not Approved- does not Not Approved- other:	meet progra gu idelineš		

*See LP Guideline

LOSSPREVENTION PROJECT EVALUATION S HEET

The elements of a comprehensive LP plan include risk identification, selection of loss prevention technique(s the anticipated benefits of implementation, and the LP funding soulce Plans that do not meet this requirement may be denied or returned to the applicant for additional information or relevant justification.

Projects that most effectively impact one of the five areas of loss above and that will impact the broadest bas within the UA community will be given the most weight.

Community Impact Points		Score
Broad (100 + individuals)	6	
Average(10 to 100 people)		