

Agency Request for Safety Inspection / Approval

*Department of Administration Risk Management Division (DOA-RMD) **

Agency: Click here to enter text.

Date: Click here to enter text.

Division: Click here to enter text.

Safety Coordinator Contact: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Specific Concerns and/or Goals:

Click here to enter text.

What is the preferred date/time range for the inspection?

Click here to enter text.

* Please complete & forward to Chris Patterson at c.patterson@admin.nv.gov or via interoffice mail. Thank you!

RMD Approval: _____