

HIGH RISK OPERATION

(Parts A and B are to be completed during the Project Planning stages of a new customer agency project.)

**PART A
Current Occupancy Information**

The Regional Planning Manager (Office of Portfolio Management and Customer Engagement) must complete Part A and B below for any new project that involves a High Risk Operation for the customer agency.

Customer Agency Name			Agency Bureau (AB) Code	
Building Number	Occupancy Agreement (OA) Number		OA Expiration Date	
Building Name			Building is:	
Building Address			<input type="checkbox"/> GSA-Owned	
			<input type="checkbox"/> GSA-Leased	
City	State	Regional Planning Manager (RPLM)	Date	

**PART B
High Risk Operation Information**

Types of High Risk Operations <i>(check all that apply)</i>	Estimated size of occupancy, if known <i>(usable, American National Standards Institute (ANSI)/Building Owners and Managers Association (BOMA) Office Area (ABOA), rentable, etc.)</i>
<input type="checkbox"/> High Risk Laboratory	
<input type="checkbox"/> Explosive Materials Storage	
<input type="checkbox"/> Firing Range or Shoot House	

**PART C
High Risk Operation Technical Requirements**
(to be completed during the Project Management stages of a new customer agency project)

The Project Management Team must complete the following sections.

Have high risk technical requirements been received from the customer agency? Yes No

If yes, are the agency requirements sufficient and acceptable to the project team? Yes No

If no to either above, has the project team provided high risk technical requirements to the agency for review? Yes No

Has the customer agency accepted the technical requirements provided by the project team? Yes No

Sign below once the high risk technical requirements have been found sufficient and acceptable to both the Project Management Team and the customer agency.

Name of Project Manager: _____

Signature: _____	Date: _____
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Regional Environmental, Health, Safety, Fire (EHSF)
Project Management Team Representative: _____

Signature: _____	Date: _____
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