

**UNIVERSITY OF CALIFORNIA
BE SMART ABOUT SAFETY
FUNDING APPLICATION**

OP Control #

FOR OP USE ONLY

The philosophy of Be Smart About Safety funding is to fund projects specific to the purpose of reducing the frequency and/or severity of loss at the University of California. Loss prevention is the act of taking proactive measures to prevent or abate an identified risk exposure. Loss frequency is controlled by focusing on the cause of loss. Loss severity is reduced by identifying the factors that magnify or prolong a loss, in other words, by focusing on the effects of the loss.

* One Application per loss prevention or loss control proposal. You may attach one page of supporting documentation.

BE SMART ABOUT SAFETY FUNDS MAY BE USED TO:

- | | |
|---|--|
| <input type="checkbox"/> Correct safety deficiencies | <input type="checkbox"/> Purchase safety equipment and supplies |
| <input type="checkbox"/> Initiate new safety programs | <input type="checkbox"/> Address human and property security concerns |
| <input type="checkbox"/> Provide employee safety training/development | <input type="checkbox"/> Employee/Consultant |
| <input type="checkbox"/> Correct deferred maintenance issues that directly impact life safety | <input type="checkbox"/> Fund capital improvements directly related to life safety |

LOSS PREVENTION and LOSS CONTROL FUNDS MAY NOT BE USED FOR:

- ◆ Enhancements to academic or vocational instruction ◆ Replacement of stock items for ongoing programs

The process of identifying, analyzing, and selecting Be Smart About Safety projects, should entail a review of your location loss history and hazards. Projects should be solidly based on statistical loss records or a defensible risk assessment.

Location : _____

Applicant Name, Title: _____

Department Name: _____ Phone: _____

Project Description: _____

Identify the unsafe condition to be reduced or eliminated:
and/or the high potential for loss that will be abated: _____

Identify prior losses or injuries that have occurred as a result of this condition: _____

Level of Probability of Future Loss or Injury if Condition is not Addressed:	<input type="checkbox"/> Slight - 30% or less
Funding Requested/Estimated Cost of Project: \$ _____	<input type="checkbox"/> Moderate - 30 to 60%
Estimate Direct or Indirect Savings to be Realized: \$ _____	<input type="checkbox"/> High - 60% or greater

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Type of Program(s): (If combining programs, please specify amount from each)

WC \$ _____
 GL \$ _____
 Auto \$ _____
 Employment \$ _____
 Property \$ _____

Please identify type of funding: (if combining funding, please specify amount from each)

BSAS \$ _____
 *Deficit Deferral \$ _____
 Rebate \$ _____

* Deficit deferral funds are retained at each location participating in the deficit deferral program.

Account number and amount BSAS Funds to be transferred to: _____ \$ _____

Account number and amount BSAS Funds to be transferred to: _____ \$ _____

Account number and amount BSAS Funds to be transferred to: _____ \$ _____

- ♦ **Applicant:** (Mandatory) Signature: _____ Date: _____
 Print name and title: _____
- ♦ **EH&S:** (Mandatory) Signature: _____ Date: _____
 Print name and title: _____
- ♦ *** Workers' Compensation:** Signature: _____ Date: _____
 Print name and title: _____
- ♦ *** Risk Manager:** Signature: _____ Date: _____
 Print name and title: _____
- ♦ **Finance:** (Mandatory) Signature: _____ Date: _____
 Print name and title: _____
- ♦ **Administration:** (Mandatory) Signature: _____ Date: _____
 Print name and title: _____
- ♦ **Budget:** (Mandatory) Signature: _____ Date: _____
 Print name and title: _____
- ♦ **UCOP Risk Services:** Signature: _____ Date: _____

Approved
 Not Approved

Grace Crickette, Chief Risk Officer

Note: Approved projects are funded by UCOP after receipt of appropriate documentation. Applications not approved by campus or medical centers shall also be forwarded to OPRS for our records. * SEE APPROVAL TREE IN BSAS GUIDELINES