

**Desert Sands Unified School District  
Risk Management**

**REQUEST FOR SAFETY CREDIT FUND EXPENDITURE**

Safety Credits may be approved for “one time” purchases of equipment or materials that will benefit the district by helping to reduce the severity and/or frequency of employee work injuries or district liability claims. It will not be approved to replace existing office equipment due to wear, tear, damage, or a new employee, or items that are required by governing laws and regulations.

**SITE/DEPARTMENT** \_\_\_\_\_

DATES OF ACTIVITY/PROGRAM (IF APPLICABLE): \_\_\_\_\_

DESCRIPTION OF ACTIVITY/PROGRAM/EQUIPMENT (Attach copy of the product description):

IF EQUIPMENT IS EMPLOYEE SPECIFIC, PLEASE LIST NAME(S):

HOW DOES THIS ACTIVITY/PROGRAM/EQUIPMENT RELATE TO THE REDUCTION OF POTENTIAL WORK RELATED INJURY/ILLNESS OR THE SAFETY OF OTHERS:

COST OF ITEM OR ACTIVITY/PROGRAM: SSSSSSSSSSSSS \_\_\_\_\_

**APPROVAL:**

SITE/DEPARTMENT ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RISK MANAGEMENT DIRECTOR SIGNATURE: \_\_\_\_\_

APPROVED                       DISAPPROVAL

APPROVAL EMAIL/NOTIFICATION SENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRICT SAFETY COMMITTEE ACTION (IF OVER \$5,000):

APPROVED                       DISAPPROVAL                      DATE: \_\_\_\_\_

*If the request is approved the account code will be provided by Risk Management. The site is responsible for the input of the REQ in Galaxy. Once the site administrator has approved the REQ, the Risk Management Director will submit final approval.*

**MAIL OR EMAIL REQUEST FORM & COPIES OF INVOICES/PRODUCT DESCRIPTION TO:**

**RISK MANAGEMENT**  
**ATTN: Administrative Assistant and/or Director**  
**[Risk.Management@desertsands.us](mailto:Risk.Management@desertsands.us)**  
**Phone 771-8511 Fax 771-8547**