

Tracking Number:

Assigned by Safety Dept

Safety Support Request (SSR)

Part I - The Request (to be completed by the Unit/Command requesting safety support)			Today's Date:
Support Requested:			
Unit/Command:			
Primary POC:		Contact Number:	
Alternate POC:		Contact Number:	
Dates and Times:	Preferred Date(s):	Alternate Date(s):	
	Preferred Time(s):	Alternate Time(s):	
Location of Support: (Include Building #)			
Requirements and/or Preferences:			
Special Requests:			

Requesting Unit: STOP. Save this document and send via email to lejeune_safety@usmc.mil

Part II - Validation/Approval (to be completed by Operations Section, Safety Department)			Date Recvd:
Date/Time Available?			
Resources/Funds?			
Persons Required:	Setup	people @	hrs
	Conduct Event	people @	hrs
	Breakdown	people @	hrs
Priority:	Mission Critical	Mission Essential	Mission Enhancing
Recommendation:	Approve	Disapprove	By:

Part III - Approval/Execution (to be completed by Director of Safety or Safety Department Supervisor)			Date:
Decision:	Approved	Disapproved	By:
Lead/Action Officer:			
Who:			
Who:			
Who:			
Comments/Notes:			
Comments/Notes:			

Part IV - Feedback/Closeout (to be completed by Safety Department Personnel and Operations)		
Numbers Supported:	Attendees:	Comments:
Safety Staff:	Number of Staff:	Comments:
Handouts/Giveaways		
Was This a Success?		
Lessons Learned:		
Ways to Improve:		
Disposition:		
Archive:		