Section I: Information on Request

1. **Title of Request:** Testing Of (9) Lifting Devices For Capacity And Safety Factors Per HIOSH For The Small Vessel Fabrication And Repair (MARR) Facility.

2. **Description of Request:** Funding for periodic certification of cranes and the Travelift as required by HIOSH.

3. **Justification for Request:** Health & Safety: This request will ensure the health and safety of all authorized persons who use the lifting devices at the MARR facility. Certs are currently expired.

**Check Boxes if the answer to the question is “Yes”**

4. ☒ Does this request meet the College’s Mission Statement?
5. ☐ Does this request meet the University of Hawai‘i’s Mission Statement?
6. ☒ Is this request due to an identified health or safety need?
7. ☒ Is request due to an Implementation Plan objective (Implementation plan that is generated due to Strategic Plan goals)

8. **Program Review Link:** Please type the web link to your most current program review
   www.hawaii.edu/offices/cc/arpd/index.php

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**Estimated Cost of Resources**

Please provide your best projection of the costs of this request including positions, funds (i.e., personnel, operating, and equipment costs), and required space to implement request or activity.

**Positions:** 0.0          **Funds:** $7500

**Request Details:** This request is for funding for the periodic testing of lifting devices as required by HIOSH.
Section II: Strategic Plan

Relationship to HCC Strategic Plan
Link:  Honolulu Community College Strategic Plan 2010-2015

Each request MUST be tied to a Strategic Goal and Outcome. Many requests will be related on multiple goals and outcomes, in these instances please choose the primary as well as any secondary goals and outcomes that the request meets. Explain the relationship between the request and the goal/outcome as necessary.

1. **Primary Goal:** Improve student access and success, and operational efficiency by: (UHCC Goal A: Promote Learning & Teaching for Student Success.) Cranes have failed suddenly in the past and this has severely disrupted instruction. Periodic certification is not only a state requirement but should prevent unexpected failures and future disruptions to instruction.

2. **Secondary Goal:** _____

3. **Secondary Goal:** _____

4. **Secondary Goal:** _____

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Section III: Communicating the Request

Program Consultation

1. Programs/Offices that will be impacted by this request include: The Small Vessel Fabrication & Repair (MARR) Program.

2. Impacted Program/Office: MARR Program.
   a. Impacted Program/Office Comments: Fortunately, no one was injured when a crane failed in the past. Periodic inspections and certifications will avert future incidents.

3. Impacted Program/Office: ______
   a. Impacted Program/Office Comments:

4. Impacted Program/Office: ______
   a. Impacted Program/Office Comments:

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Section IV: Administration Review and Comments

NOTE: Save the form using an abbreviated title of the request in this format: AbbreviateTitleofRequest_BudReqAY12 (example: OfficeFurnReplacement_BudReqAY12.doc).

Routing

All requests require review and comment from:
1) Division Chair (if no Division Chair then to #2), 2) Lead Dean(s), 3) VCAA, and 4) VCAS

1. Reviewed by Division Chair
   a. This is a serious health & safety as well as a liability issue.

2. Reviewed by Program/Division Dean
   a. Recommend funding, HISOH regulations require test to be done

3. Reviewed by Vice Chancellor of Academic Affairs
   a. VCAA please enter comments on request here

4. Reviewed by Vice Chancellor for Administrative Affairs
   a. What is the cycle on certification for these lifts? How is this not budgeted in the CS base? Can't get into position where certifications like this expire. Agree with Div Chair, this poses serious issues.

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