Section I: Information on Request

1. **Title of Request**: OESM Safety Equipment And Gear

2. **Description of Request**: OESM program needs field equipment and safety gear for student use.

3. **Justification for Request**: Occupational & Environmental Safety Management (OESM) program's current safety equipment is old and in need of replacement. Meter readings are not accurate and equipment is obsolete.

**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. [x] Is this request due to an identified health or safety need?
7. [x] 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:**

**Funds:** $10,950

**Request Details:** Items  
Approximate Cost ($) OESM Classes Requiring Equipment

A. Environmental Monitoring Instruments: 101, 105, 104, 208, 218
   Sensors for CGI/O2 meter #1: two sensors 500
   Sensors for CGI/O2 meter #2: two sensors 500
   Drager Colorimetric Pump Accuro 2000 (replacements, 2 needed) 2,500
<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drager Colorimetric Tubes/ year (O2, CO2, CO, others)</td>
<td>200</td>
</tr>
<tr>
<td>SKC respirable dust cyclone &amp; accessories</td>
<td>150</td>
</tr>
<tr>
<td>Manufacture calibration for Noise meters (annual)</td>
<td>600</td>
</tr>
<tr>
<td>Anemometer (air velocity) (replacement, 2 needed)</td>
<td>1,000</td>
</tr>
<tr>
<td>Light Meters (replacement, 2 needed)</td>
<td>500</td>
</tr>
<tr>
<td><strong>Total: Environmental Monitoring Instruments</strong></td>
<td>5,950</td>
</tr>
</tbody>
</table>

**B. Environmental Sampling Equipment:** OESM 218, 225

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soil Samplers (various)</td>
<td>3,000</td>
</tr>
<tr>
<td>Surface Water Samplers (various)</td>
<td>2,000</td>
</tr>
<tr>
<td>Sludge Samplers (various)</td>
<td>2,000</td>
</tr>
<tr>
<td>Drum Samplers (various)</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total: Environmental Sampling Equipment</strong></td>
<td>5,000</td>
</tr>
</tbody>
</table>

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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:** GOAL A: Promote Learning & Teaching for Student Success
   In order to promote learning, students must have a safe learning environment.

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: Occupational Safety and Environmental Management

2. Impacted Program/Office: Occupational Safety and Environmental Management
   a. Impacted Program/Office Comments: OSEM advisory board recommended that equipment be updated and students be tracked to better assess the effectiveness of the program.

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. Support request, especially since students are exposed to possible hazards while measuring the degree of a possible hazard.

2. Reviewed by Program/Division Dean
   a. Recommend approval, program is willing to develop a replacement plan over 1 to 2 years.

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. VCAS please enter comments on request here

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