

Date Received: \_\_\_\_\_

Due Date: \_\_\_\_\_



JUDICIAL COUNCIL  
OF CALIFORNIA  
OPERATIONS AND PROGRAMS DIVISION  
CAPITAL PROGRAM

RMAR No \_\_\_\_\_

Associated Incident No \_\_\_\_\_

Associated SWO No \_\_\_\_\_

## **RISK MANAGEMENT UNIT - ACTIVITY REQUEST FORM 601**

### **Customer (Check one)**

JBCP  REFM  JCC  Courts  County  State Agency  Federal Agency  Insurance Company  Other \_\_\_\_\_

### **Activity (Check one)**

Investigation  Job Hazard Assessment  Reg. Material Assessment  Contract Review  Subject Matter Analysis  
 Inspection  Education & Training  IAQ/Mold Assessment  Seismic Assessment  Claim Analysis

### **CONTACT INFORMATION**

**Project Name:** \_\_\_\_\_

**Requesting Party:** \_\_\_\_\_ **Requestors E-mail:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Contact Person's Email:** \_\_\_\_\_  
**Assigned To:** \_\_\_\_\_ **Assigned Person's Email:** \_\_\_\_\_

**Date Work Started:** \_\_\_\_\_ **Date Work Completed:** \_\_\_\_\_

### **LOCATION**

**County:** \_\_\_\_\_ **Building ID:** \_\_\_\_\_ **Building Name:** \_\_\_\_\_

### **SPECIFIC OUTCOME THE REQUESTING PARTY IS SEEKING:**

\_\_\_\_\_

### **DESCRIPTION OF SERVICES REQUESTED:**

\_\_\_\_\_

### **ATTACHED SUPPORTING DOCUMENTATION:**

**Estimated RMAR Expenses**

\_\_\_\_\_

**PRIMARY PERSON USE ONLY**