



Playground Procurements & Installations, Pre-Approval Request Form

Please complete and forward this form and any required attachments to the District Office of Environmental Health & Safety for review and approval. Submit this form and all of its attachments by mail/currier, if unable to submit it electronically (PDF in email message: ref. District Directory).

Date: _____ School/site Name: _____

Required Attachments: Check-off each of the following as attached. Check 'Not Applicable' (N/A) and provide a brief explanation (Comments) for items that may not be necessary:

1. Proposed listing of equipment manufacturer(s) and model number(s), including for each piece of equipment (1) proof of IPEMA certification to ASTM F1487 and (2) range of age appropriateness. **Attached:___ N/A:___**
2. Proposed description/listing of surfacing material meeting fall-protection requirement (ASTM F1292-99) and wheelchair accessibility requirements (Americans with Disabilities Act & ASTM F1951). **Attached:___ N/A:___**
3. Proposed description of age- appropriate and ADA compliant signage. **Attached:___ N/A:___**
4. Proposed schematic(s) of playground locations(s) on school campus site plan, including ADA-compliant path from the school building. **Attached:___ N/A:___**
5. Proposed layout of equipment and other items within playground area(s), including required fall zones, interlocking border timbers to contain the surfacing material, location of signage, benches, trees, etc. **Attached:___ N/A:___**

Comments: _____

Has all funding for playground equipment, manufacturer installation, surfacing material, ADA compliant pathway, site utility locate, and signage been acquired? **YES___NO ___**

Is this a School Initiated Project? **YES___NO___** If Yes, provide name, title, and phone number of person at the school site who will be responsible for project oversight from start to finish (print below).

Principal or Project Manager Name (print) _____

Principal or Project Manager Signature: _____

EH&S Office Use Only:	
Name & Signature of EH&S Staff Approval	Date

Comments: _____