



Tracking Number:
Assigned by Safety Dept

MCAS Cherry Point Core Safety Services Request

Part I - The Request (to be completed by the Unit/Command requesting safety support)		Today's Date:	
Support Requested:			
Unit/Command:			
Note: Primary POC must be Unit GSO/GSM, Motorcycle Club President, or S-3 OIC/SNCO.			
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:			
Number of Personnel to be Trained:		Signature of Primary POC:	
Requirements and/or Preferences:			

Requesting Unit: STOP!

Save this document and send via email to chpt_safety_omb@usmc.mil.

Part II - Event Coordination (to be completed by assigned safety staff member)		Date Recvd:		
OSH/ASO/ESO/SA Assigned:				
Resources/Funds Required:				
Date(s) Support is Available:				
Persons Required:	Setup	people @	hrs	Overtime/Comp Time?
	Conduct Event	people @	hrs	Overtime/Comp Time?
	Breakdown	people @	hrs	Overtime/Comp Time?

Part III - Validation/Approval (to be completed by Deputy Director, Safety and Standardization)		Date Recvd:	
Date/Time Available?			
Priority:	Mission Critical	Mission Essential	Mission Enhancing
Recommendation:	Approve	Disapprove	By:
Comments/Notes:			

Part IV - Approval/Execution (to be completed by Director, Safety and Standardization)		Date:	
Decision:	Approved	Disapproved	By:
Comments/Notes:			

Part V - Feedback/Closeout (to be completed by the Unit/Command requesting safety support after event has been completed)	
Was this a Success?	
Lessons Learned:	
Ways to Improve:	
Comments/Notes:	

Course Roster

[illegible]