



APPENDIX G

DESIGN GUIDELINE REQUEST FORM

(Please Type or Print)

Date: _____ Agency: _____

Submitted by: _____ Facility: _____

Phone: _____ Address: _____

Fax: _____ Email: _____

SPECIFICATION DIVISION:

(From the State's *Design Guidelines*)

SUGGESTION:

BASIS FOR SUGGESTION or REVISION:

(The primary criteria for deciding on whether to incorporate a suggestion into the Design Guidelines Manual will be to substantiate a REOCCURRING problem with performance of a product, system or design which results in a safety problem, a higher than normal cost to remedy or a higher than normal Operational Cost to maintain).

DOCUMENTATION OF NEED:

(Attach photographs/information that substantiates the need for this guideline)

Submit to: State Project Manager