

ORM Location Setup/Change Form

Form Completed By: _____

Date Completed: _____

I. Location Information

Location Name					
Physical Address					
City		State		Zip	
Mailing Address 1					
Mailing Address 2					
City		State		Zip	

Effective start date for change/setup: _____

The above location reports to (location # & name): _____

If a location name change, list the old location name: _____

II. Contact Information for this Location

Safety Contact:

First Name		Last Name	
Phone Number			
Email Address			

Location Manager: (Safety Contact Supervisor or Agency Head)

First Name		Last Name	
Phone Number			
Email Address			

ORM Use Only

Location Code:			
Roll Up location level:	A:		
	B:		
	C:		
	D:		
	E:		
Is this a billable level:	Yes	No	
Agency Class:	A	B	W
Audit Location Y/N:	Yes	No	
This Fiscal Year Audit Type:			
Next Fiscal Year Audit Type:			
Audit Start Month:			
Number of Days for Audit:	30	60	90

Date Received by Statistics:	
Date Received by IT:	
Date Received by LP:	
Date/Initials Approved by LP:	

IT Section:

Date Loc. Changed by IT for STARS:	N/A
Date Loc. Changed by IT for FARA:	N/A
Date Loc. Changes sent to FARA:	

Comments: _____
