LOCATION SAFETY and HEALTH and/or EMS COMMITTEE

Check appropriate box:

☐ Safety & Health ☐ EMS ☐ Joint

INSTRUCTIONS:

1. Post a copy in prominent place(s) at Location by October 15 each year.
2. Email a copy to the Business Center Area Safety, Health, and Environmental Office.
3. Provide updated copies as changes in appointments or membership occur.

DATE: _____

FY 2014

No. of permanent full-time employees at location: _____

AREA:
BUSINESS CENTER:
LOCATION NAME AND ADDRESS:

COMMITTEE MEMBERS/REPRESENTATIVES

NAME	JOB TITLE/FUNCTIONAL EXPERTISE	PHONE	EMAIL ADDRESS
	Chairperson		
	Union Representative (if applicable)		

LOCATION COORDINATOR

Name:
Phone:
Email:

ADMINISTRATIVE OFFICER

Name:
Phone:
Email:

COOPERATOR/UNIVERSITY SAFETY OFFICE SERVICING LOCATION (if applicable)

Name:
Phone:
Email: