DEPARTMENT INFORMATION

Effective Date: _______________________
Department Name: ___________________
Department Head: ____________________

    Name: ___________________________
    Title: ___________________________

Department Safety Coordinator:

    Name: ___________________________ Phone Number: _______________________

Computer Workstation Evaluator:

    Name: ___________________________ Phone Number: _______________________

Safety Related Items

Location of minutes from Safety Committee Meeting {see Section II}

Blank ‘Report of Unsafe Condition’– Pickup and Turn-in locations {see Section II}

Location of other safety-related items {see Section IV}

Person who assists injured employees with appropriate paperwork {see Section VI}

Documents related to IIPP – safe, convenient record keeping location {see Section IX}

Location of Training Records for IIPP {see Section IX. Training Documentation Form can be found in Appendix A of this document.}
Safety Committee Meeting Dates: {at least quarterly; see Section II}

Safety Committee Members

1. Chair: ____________________, {Section/Sub-unit:} ____________________

2. Name: ____________________, {Section/Sub-unit:} ____________________

3. Name: ____________________, {Section/Sub-unit:} ____________________

4. Name: ____________________, {Section/Sub-unit:} ____________________

5. Name: ____________________, {Section/Sub-unit:} ____________________

6. Name: ____________________, {Section/Sub-unit:} ____________________

7. Name: ____________________, {Section/Sub-unit:} ____________________

8. Name: ____________________, {Section/Sub-unit:} ____________________

9. Name: ____________________, {Section/Sub-unit:} ____________________

10. Name: ____________________, {Section/Sub-unit:} ____________________

11. Name: ____________________, {Section/Sub-unit:} ____________________

12. Name: ____________________, {Section/Sub-unit:} ____________________

13. Name: ____________________, {Section/Sub-unit:} ____________________

14. Name: ____________________, {Section/Sub-unit:} ____________________

15. Name: ____________________, {Section/Sub-unit:} ____________________

16. Name: ____________________, {Section/Sub-unit:} ____________________

17. Name: ____________________, {Section/Sub-unit:} ____________________

18. Name: ____________________, {Section/Sub-unit:} ____________________

19. Name: ____________________, {Section/Sub-unit:} ____________________

20. Name: ____________________, {Section/Sub-unit:} ____________________

21. Name: ____________________, {Section/Sub-unit:} ____________________

22. Name: ____________________, {Section/Sub-unit:} ____________________

23. Name: ____________________, {Section/Sub-unit:} ____________________

24. Name: ____________________, {Section/Sub-unit:} ____________________

25. Name: ____________________, {Section/Sub-unit:} ____________________

26. Name: ____________________, {Section/Sub-unit:} ____________________

{If more space is needed to list Committee Members, please include a separate sheet.}
Buildings Occupied by this Department

{For off campus buildings, write the physical address of the building. Also, do not include buildings used only for storage. Please note, this section will assist you in ensuring that all your staff are trained on the appropriate Building Emergency Plan(s) (BEP). While the Building Coordinator is required to create the BEP, you are responsible for ensuring your department’s personnel receive training on the applicable BEP. If you need assistance completing this section, please call EH&S at 827-5528.}

1. Building name or address:
   Unit within your department {if applicable}:
   Building Coordinator:
   Phone number:

2. Building name or address:
   Unit within your department {if applicable}:
   Building Coordinator:
   Phone number:

3. Building name or address:
   Unit within your department {if applicable}:
   Building Coordinator:
   Phone number:

4. Building name or address:
   Unit within your department {if applicable}:
   Building Coordinator:
   Phone number:

5. Building name or address:
   Unit within your department {if applicable}:
   Building Coordinator:
   Phone number:

6. Building name or address:
   Unit within your department {if applicable}:
   Building Coordinator:
   Phone number:

{Add more building names or addresses as necessary.}