

Lab Contact Form

Maintain the current version of this form within this Department Safety Binder and submit a copy to the departmental secretarial when a change is made.

Lab Location	
Building:	Room:
Professor Responsible:	
Office (Building/Room#)	
Phone Number (ext.)	
Alternate Contact Number (if applicable)	
Designates: (Alternates must have completed Competent Supervisor/Due Diligence training)	
1st Alternate	Name
	Location (Building/Room#)
	Phone Number (ext.)/ Alternate Contact Number (if applicable)
	Acknowledgement of Alternate (signature and date)
2nd Alternate	Name
	Location (Building/Room#)
	Phone Number (ext.)/ Alternate Contact Number (if applicable)
	Acknowledgement of Alternate (signature and date)
3rd Alternate	Name
	Location (Building/Room#)
	Phone Number (ext.)/ Alternate Contact Number (if applicable)
	Acknowledgement of Alternate (signature and date)

Date of completion/review:
