

LOCATION SAFETY and HEALTH COMMITTEE

INSTRUCTIONS: 1. Post a copy in a prominent place for employee-s information by October 15 of each year. 2. Send a copy to the Area Safety, Health and Environmental Office by October 1 of each year. 3. Provide updated copies as changes in appointments or membership occur.	DATE No. of permanent full-time employees at location Field Federal Safety & Health Council membership? Yes: No: X	LOCATION NAME & ADDRESS
--	---	------------------------------------

Committee Members/Representative

NAME	PHONE	JOB SERIES AND TITLE	OFFICE ADDRESS
Chairperson			
(*) Continuing members			

SUBMITTING OFFICIAL (Name, title, & mailing address)	CONTACT (Name & title) Same PHONE FTS: Commercial:	COOPERATOR/UNIVERSITY SAFETY OFFICE SERVICING LOCATION (Name and title, if applicable)
---	---	---