

# CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

Production Name:		Production Location:	
Today's Date:		To Be Completed By:	<i>Production Office Coordinator</i>
To Be Retained By:	<i>Production Office Coordinator</i>	To Be Sent To:	<i>Production Safety Representative</i>
Instructions:	<b>When:</b> <i>At beginning of production.</i>		<b>Frequency:</b> <i>Once, unless contact information changes.</i>
<b>Position</b>	<b>Name</b>	<b>Office Phone</b>	<b>Emergency Phone</b>
Unit Production Manager			
Production Office Coordinator			
1 <sup>st</sup> AD (Odd)			
1 <sup>st</sup> AD (Even)			
Construction Coordinator			
Transportation Coordinator			
Production Executive			
Production Attorney			
Production Safety Representative			