

CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

Production Name:		Production Location:	
Today's Date:		To Be Completed By:	<i>Production Manager</i>
To Be Retained By:	<i>Production Manager</i>	To Be Sent To:	<i>Production Safety Consultant</i>
Instructions:	When: <i>At beginning of production.</i>		Frequency: <i>Once, unless contact information changes.</i>
<i>Position</i>	<i>Name</i>	<i>Office Phone</i>	<i>Emergency Phone</i>
Line Producer			
Field Producer/Segment Producer			
Production Manager			
Stage Manager/1 st AD			
Construction Coordinator/ Staging Supervisor			
Transportation Coordinator			
Production Executive			
Production Attorney			
Production Safety Consultant			