

CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

Production Name:		To Be Completed By:	<i>Production Manager</i>
Copies Sent To:	<i>Production Safety Consultant</i>	To Be Stored By:	<i>Production Manager</i>
Production Location:		Today's Date:	
Special Instructions:	When: <i>At beginning of production.</i>		Frequency: <i>Once, unless contact info changes.</i>

Position	Name	Office Phone	Emergency Phone
Line Producer			
Stage Manager (odd) Stage Manager (even)			
Construction Coordinator			
Transportation Coordinator			
Executive in Charge			
Production Attorney			
Safety Consultant			