CONTACT LIST FOR INJURY AND ILLNESS PREVENTION PROGRAM FOR PRODUCTION

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