

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: | 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> |
| Unit Production Manager | | | |
| Production Office Coordinator | | | |
| 1 st AD (Odd) | | | |
| 1 st AD (Even) | | | |
| Construction Coordinator | | | |
| Transportation Coordinator | | | |
| Production Executive | | | |
| Production Attorney | | | |
| Production Safety Representative | | | |