

**IDENTIFICATION OF RESPONSIBLE PERSONS
UCSC INJURY AND ILLNESS PREVENTION PROGRAM**

Identified on this form are persons with authority and responsibility for implementing the Injury and Illness Prevention Plan and Chemical Hygiene Plan for the:

LABORATORY GROUP: (Please Print) _____

DEPARTMENT

<input type="checkbox"/>	Anthropology	<input type="checkbox"/>	Environmental Studies
<input type="checkbox"/>	Astronomy	<input type="checkbox"/>	Environmental Toxicology
<input type="checkbox"/>	Biomolecular Engineering	<input type="checkbox"/>	MCD Biology
<input type="checkbox"/>	Chemistry	<input type="checkbox"/>	Ocean Sciences
<input type="checkbox"/>	Earth Sciences	<input type="checkbox"/>	Physics
<input type="checkbox"/>	EE Biology	<input type="checkbox"/>	Other describe _____
<input type="checkbox"/>	Electrical Engineering	<input type="checkbox"/>	

DIVISION:

<input type="checkbox"/>	Engineering
<input type="checkbox"/>	Physical & Biological Sciences
<input type="checkbox"/>	Social Sciences

MANAGER OR SUPERVISOR

Name Title

Signature Date

Please identify the individual who will act as the Lab Safety Representative (LSR) and serve as a contact person for EH&S.

LAB SAFETY REPRESENTATIVE (LSR): (Please Print)

Name E-mail Phone

SUBMIT A COPY OF THIS FORM TO EH&S

