

**IDENTIFICATION OF RESPONSIBLE PERSON(S)
UCSC INJURY AND ILLNESS PREVENTION PROGRAM**

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

<hr/> Unit Name	<hr/> Department or Division

MANAGER OR SUPERVISOR

<hr/> Name	<hr/> Title
<hr/> Signature	<hr/> Date

Please identify the individual who will act as the IIPP Coordinator for this department and serve as a contact person for EH&S.

IIPP COORDINATOR : (Please Print)

<hr/> Name	<hr/> Title
<hr/> Email	<hr/> Phone

(Optional)

Individual(s) listed below also have certain authority and responsibility for implementing this Injury and Illness Prevention Program.

<hr/> Name	<hr/> Title	<hr/> Description of Responsibility
<hr/> Name	<hr/> Title	<hr/> Description of Responsibility
<hr/> Name	<hr/> Title	<hr/> Description of Responsibility

Send this information to ehs@ucsc.edu