

# S.A.F.E. PROGRAM

## SELECTION PROCESS

Please select one individual from each of your departments and shifts. Complete the information below.

### PLEASE PRINT:

S.A.F.E. Coordinator Name

S.A.F.E. Coordinator's email:

Shift

Supervisor's Name

S.A.F.E. Coordinator's phone number

Supervisor's phone number

Department Name

Slot Number

Thank you for becoming a S.A.F.E. Coordinator. We appreciate your support of the safety management program and look forward to working with you.

Please contact OH&S at 686-5536 for questions or concerns.

**COMPLETE AND MAIL TO S.A.F.E. AT SLOT #617.**

