

V. Department Emergency Contact Summary Sheet

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| NAME OF DEPARTMENT: | |
| DEPARTMENTAL CONTACT INFORMATION | |
| Mailing Address: | |
| Building: | Mail Code: |
| Department Operations Center / Emergency Headquarters | |
| Building: | Room: |
| Chair: | |
| Office Phone: | Fax: |
| Home Phone: | Cell Phone: |
| Email Address: | |
| Department Administrator: | |
| Office Phone: | Fax: |
| Home Phone: | Cell Phone: |
| Email Address: | |
| Emergency Response Coordinator: | |
| Office Phone: | Fax: |
| Home Phone: | Cell Phone: |
| Email Address: | |
| Safety Officer: | |
| Office Phone: | Fax: |
| Home Phone: | Cell Phone: |
| Email Address: | |

DEPARTMENTAL LOCATIONS

Please list all additional locations occupied by Department

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| 1 | Building name and/or Address: |
| Unit within your within your Department: | |
| Building Coordinator & Phone: | |
| 2 | Building name and/or Address: |
| Unit within your within your Department: | |
| Building Coordinator & Phone: | |
| 3 | Building name and/or Address: |
| Unit within your within your Department: | |
| Building Coordinator & Phone: | |
| 4 | Building name and/or Address: |
| Unit within your within your Department: | |
| Building Coordinator & Phone: | |
| 5 | Building name and/or Address: |
| Unit within your within your Department: | |
| Building Coordinator & Phone: | |

(Attach additional pages as necessary.)

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| Updated By: | Date: |
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PLEASE UPDATE THIS FORM ANNUALLY AND SUBMIT TO:
UCLAEMO@FACNET.UCLA.EDU