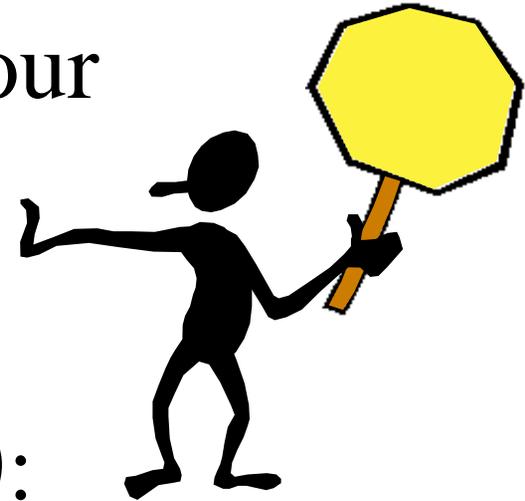


Please report safety issues to your

# Location Safety Coordinator (LSC):



LSC Name:

Back-up LSC Name:

Room/Cubicle #:

Room/Cubicle #:

Phone Number: (    )

Phone Number: (    )