

<b>Department-Specific Hazard Communication Program Details Form</b>	
<b>Department/Unit/Location:</b>	<b>Date of Preparation:</b>
<b>Hazard Communication (HazCom) Coordinator</b>	
Name:	Phone Number:
<b>Location of Written Program, Hazardous Chemical Inventory and Safety Data Sheets:</b>	
<b>Person maintaining the Hazardous Chemical Inventory (if other than the HazCom Coordinator)</b>	
Name:	Phone Number:
<b>Supervisor responsible for ensuring labels are in place (if other than the HazCom Coordinator)</b>	
Name:	Phone Number:
<b>Labeling system in use for secondary containers, original containers missing labels, piping systems, and stationary processes (if other than what's described in this written program):</b>	
<b>Stationary Processes and piping systems (other than those for heating and cooling) requiring labeling:</b>	
<b>Person responsible for arranging general HazCom training with EHS</b>	
Name:	Phone Number:
<b>Supervisor or designee providing site-specific hazard training</b>	
Name:	Phone Number:
<b>If SDS are maintained in an electronic format, procedures in place to access SDS, during normal activities and recognized emergencies:</b>	