**Contact List Template**

Use this template to create a quick reference contact list for your workplace.

For written safety and health programs it is recommended to use positon titles instead of an actual person's name. If the person leaves employment, then their name must be removed and replaced from all written safety & health programs and policies. This can burdensome if a person has responsibilities in many company programs.

Enter position titles, person who holds that title, their contact phone number(s), and if applicable, written safety and health responsibilities. You can also list other workplace contacts to be more workplace specific. If you have special dial out requirements, example needing to dial 9 for outside line, include that as part of the phone number. An emergency contact list should be located by each phone, office, or department for easy access.

**Example:**

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| **Workplace Contacts** | | | |
| **Position/Title or Contact** | **Contact Name/Reason** | **Contact Number** | **Program** |
| *President/Owner* | Jane Doe | (207) 555-1212  (207) 555-1214 cell |  |
| *Town Manager* | John Doe | (207) 555-1212  (207) 555-1213 cell |  |
| *Safety & Health Manager* | John Doe | (207) 555-1212  (207) 555-1213 cell |  |
| ***Safety & Health Program Contacts*** | | | |
| *Emergency Action Plan Coordinator* | John Doe | (207) 555-1212  (207) 555-1213 cell | *Emergency Action Plan* |
| *Chemical Spill Responder* | John Doe | (207) 555-1212  (207) 555-1213 cell | *Emergency Action Plan*  *Hazardous Materials* |
| *Purchaser* | John Doe | (207) 555-1212  (207) 555-1213 cell | *Hazard Communication for Safety Data Sheets* |
| Chemical Hygiene Officer | John Doe | (207) 555-1212  (207) 555-1213 cell | *Chemical Hygiene Plan* |
| ***Other Workplace Contacts*** | | | |
| **Company Name** | **Emergency #** | **Non-Emergency #** |  |
| Police | 911 or 9-911 | (207) 555-5678 |  |
| Natural Gas Co. | (800) 555-1212 | (207) 555-9876 |  |

Add or delete rows as needed.

Contact List Template

*Company Name*

*Physical Address*

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| **Workplace Contacts** | | | |
| **Title** | **Contact Name** | **Contact Number(s)** | **Program** |
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| **Safety & Health Program Contacts** | | | |
| **Position in Program** | **Contact Name** | **Contact Number(s)** | **Program** |
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| **Other Important Numbers** | | | |
| **Company Name** | **Emergency #** | **Non-Emergency #** | **Additional Information** |
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