

Department-Specific Hazard Communication Program Details Form

Department/Unit/Location:	Date of Preparation:
Hazard Communication (HazCom) Coordinator	
Name:	Phone Number:
Location of Written Program, Hazardous Chemical Inventory and Safety Data Sheets:	
Person maintaining the Hazardous Chemical Inventory (if other than the HazCom Coordinator)	
Name:	Phone Number:
Supervisor responsible for ensuring labels are in place (if other than the HazCom Coordinator)	
Name:	Phone Number:
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):	
Stationary Processes and piping systems (other than those for heating and cooling) requiring labeling:	
Person responsible for arranging general HazCom training with EHS	
Name:	Phone Number:
Supervisor or designee providing site-specific hazard training	
Name:	Phone Number:
If SDS are maintained in an electronic format, procedures in place to access SDS, during normal activities and recognized emergencies:	