

Cc: Control Center

Campus Safety

DEPARTMENT NOTIFICATION INFORMATION

Date: \_\_\_\_\_

Update: \_\_\_\_\_

Department: \_\_\_\_\_ Building: \_\_\_\_\_

Please complete the personal contact information below for personnel in your department or responsibility areas to receive notification regarding power outages, flood, heating or cooling problems or any other concerns. The persons listed need to be familiar with department equipment, and if additional contacts need to be made within your responsibility area regarding possible ongoing experiments or further concerns that may need to be addressed.

Procedure: Campus Safety will initiate a text and an email to those listed as your primary contact. If confirmation of receipt of the message is not received, Campus Safety will attempt to call the home phone number. If unable to contact the 1<sup>st</sup> contact person, Campus Safety will proceed to the next person on the contact list.

**You may check this box to indicate that your department/responsibility area does not require notification.**

Name of Chair/ Department Head: \_\_\_\_\_ Phone #: \_\_\_\_\_

1<sup>st</sup> Contact Person: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Two #: \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Two #: \_\_\_\_\_

3<sup>rd</sup> Contact Person: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Two #: \_\_\_\_\_

Special Attention/Concerns: Please record any items of special consideration or concern or any equipment or project that would be affected by a loss of any service utilities: (Provide location/room number and any special handling instructions)

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**Signature- Dept. Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Retain a copy for your office: In the event of substantive changes update your copy and forward it to Campus Safety. Please return this form to the Campus Safety Office as soon as possible. **Thank You**