

# COMPLIANCE CLIENT INFORMATION

Legal Business Name:		Date of Application:
Address:		
Telephone:	Fax Number:	
Email:	Website:	
Hours of Operation:	Owner Name:	

**OSHA Requires that specific individual is designated by the employer to perform specific safety functions. The following individuals have been identified:**

Safety Officer:	Emergency Contact #:
Employee Head-Count Coordinator:	
Patient Head-Count Coordinator:	
Emergency Meeting Location:	
Recordkeeping Coordinator/SDS Coordinator:	
Emergency Physician:	
Location Of Safety Manual:	(Must be accessible to all employees)
Location of SDS:	(Must be accessible to all employees)
Emergency Equipments:	<input type="checkbox"/> Eyewash: _____ <input type="checkbox"/> O2 Tank: _____ <input type="checkbox"/> First Aid: _____ <input type="checkbox"/> Kits/Emergency: _____ <input type="checkbox"/> Fire Ext: _____
Professional Society Membership:	

## EMERGENCY TELEPHONE NUMBERS (LOCAL EMERGENCY NUMBERS)

Fire Department:
Police:
Hospital:
Emergency Physician:
Ambulance:
Poison Control:
Workers Compensation:
Compliance Consultant: