



CAMPUS PROFILE

Campus: _____

Address: _____

Contact Person:

Name Title

Office Number Cell Number

Alternate Contact Person:

Name Title

Office Number Cell Number

Number of Staff at the location: _____
(Include all Managers, Faculty & Support Staff)

Number of Students at the location: _____

Persons with disabilities

Name	Staff/Student	Limitation(s)

Laboratories and Shops

Room #	Type of Lab/Shop	Chemicals on site

I have reviewed and discussed the above with the local emergency responders

Campus Administrator Date

Emergency Responder Date

Emergence Responder Date