|  |  |  |  |
| --- | --- | --- | --- |
| *Stanford School of Medicine*  **Contact Notification Sheet** | | | |
| Room: | xxx |  |  |
| Building (QB): | xxx |  |  |
| Department/Division/Work Gp (OrgCode): | xxx |  |  |
|  |  |  |  |

**In Case of Emergency, Notify the Following Individuals**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Room Level:** | | | | | |
| **Role** | **Name (SUNet)** | **Room** | **Primary Phone** | **Alternate Phone** | |
| Chemical Owner/PI | Cccccccc Cxxxxxxxxx (SUNet) | XXXXX | XXX-XXX-XXXX | XXX-XXX-XXXX | |
| Lab Contact 1 |  |  |  |  | |
| *Lab Contact 2* |  |  |  |  | |
| *Lab Contact 3* |  |  |  |  | |
| *Lab Contact 4* |  |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Department/Organizational Level:** | | | | | |
| **Role** | **Name (SUNet)** | **Room** | **Primary Phone** | **Alternate Phone** | |
| DFA | Cccccccc Cxxxxxxxxx (SUNet) | XXXXX | XXX-XXX-XXXX | XXX-XXX-XXXX | |
| Safety Contact |  |  |  |  | |
| Emerg Coordinator |  |  |  |  | |
| *Addnl Dept Contact* |  |  |  |  | |
| *Addnl Dept Contact* |  |  |  |  | |
| *Addnl Dept Contact* |  |  |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Building/Facility Level:** | | | | | | |
| **Role** | **Name (SUNet)** | **URL/Email** | | | **Alternate Phone** | | |
| Facility Operations | SOM Workflow Control Desk | medfacilities.stanford.edu | | | 650-721-2146 | | |
| SOM Safety Contact |  |  | | |  | | |
| SOM Emerg Contact | Monica Dibble | mdibble@stanford.edu | | | 650-723-9600 | | |
| *Building Manager* |  |  | | |  | | |
|  | | | | | | |
| **FOR HEALTH-THREATENING EMERGENCY**  **CALL: 9-911**  **Also notify Security:**  (650) 723-7222 | | |  |  | | |
|  |  | | |
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|  |  | | |
|  | Review (Date/Initial) | | |

**INSTRUCTIONS FOR COMPLETING THE STANFORD SOM CONTACT NOTIFICATION SHEET**

1. Labs Departments are responsible for maintaining current contact information for Room and Department/Organizational Level Contacts and posting this information inside the Life Safety Box.
2. Contact the Safety and Emergency Management (S&EM) representative for your building for assistance in completing the form (http://med.stanford.edu/medfacilities/general-safety/safety--and-emergency-management-contacts.html)
3. Review the information at least annually or when there is a change in Room, Department/Organization or Building/Facility Contact; Place the completed form inside the life safety box posted at the entrance.

**SECTION 1 – LOCATION**

The information in this section is obtained from ChemTracker and iSpace for rooms reporting a chemical inventory.

* Room:
* Building (QB):
* Department/Division/Work Group/(OrgCode):

**SECTION 2 – ROOM LEVEL**

The name of the Chemical Owner/PI is from ChemTracker. Please provide the SUNetID, primary work location, along with primary and alternate phone numbers for the Chemical Owner; identify at least one contact present in the laboratory or work area and provide similar contact information.

* Chemical Owner/PI
* Lab Contact(s) – representative designated by PI who is knowledgeable on lab research procedures, practices or equipment in the room
* Optional contacts can also be listed on the form if appropriate including Chemical User (for updating chemical inventory information), Husbandry Contact, Husbandry Supervisor, Operations Manager, etc..

**SECTION 3 – DEPARTMENT/ORGANIZATIONAL LEVEL**

Includes DFA, Safety and Emergency Coordinator designated by department to coordinate safety, compliance and emergency management for the department or organizational unit.

* DFA
* Safety Contact (individual(s) representing department, division, department operations or programs and responsible for coordinating safety or compliance related issues)
* Department Emergency Coordinator is the primary contact from the department and is responsible for coordinating emergency and recovery planning.
* Additional department or organizational level contacts to include if applicable include: Program Manager, Director, Division Manager, Operations Manager, Department Facilities Coordinator/Director

**SECTION 4 – BUILDING/FACILITY LEVEL**

* Facility Operations – Contact information for the OFPM Workflow Control Desk; use for reporting housekeeping or other facility-related issues or services.
* SOM Safety Contact - S&EM representative for your building
* SOM Emergency Contact
* Building Manager- There are only a few SOM Buildings that have a designated Building Manager; check with your S&EM Contact for details.

**SECTION 5 – HEALTH-THREATENING EMERGENCY**

Contact information for reporting a health-threatening emergency

* Call: 9-911
* Also notify Security: (650) 732-7222

**SECTION 6 – REVIEW**

Review the information at least annually; Date and Initial the form.