

SAFETY COMMITTEE MEMBERSHIP

Production Company: _____

Production Name: _____

Date of Committee Formation: _____

Chairman : _____ Dept. _____ (Employer or Worker) circle one

Contact # _____

Secretary : _____ Dept. _____ (Employer or Worker)

Contact # _____

1. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

2. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

3. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

4. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

5. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

6. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

7. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

8. Member : _____ Dept. _____ (Employer or Worker)

Date Joined : _____ Date Left : _____ Contact # _____

