

**Attachment B**

**SAFETY PLAN COVER SHEET**

Area Location \_\_\_\_\_  
(Street Address if Off Campus)

Principal Investigator \_\_\_\_\_ Office Phone \_\_\_\_\_

Office Location \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Campus Box Number \_\_\_\_\_ Department \_\_\_\_\_

Authorized Personnel: \_\_\_\_\_ Dept. Head \_\_\_\_\_

**Emergency Numbers:**      **Campus Emergencies**      **515-3333**  
   **Carolinas Poison Center**      **1-800-848-6946**  
   **Other** \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_

**SIGNATURES**

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

EH&S Center Representative \_\_\_\_\_ Date \_\_\_\_\_

**SAFETY PLAN NO.** \_\_\_\_\_