
**ENVIRONMENTAL, HEALTH & SAFETY/RISK MANAGEMENT
INJURY AND ILLNESS PREVENTION PROGRAM (IIPP)**

ATTACHMENT 7

EH&S/RISK MANAGEMENT NOTIFICATION FORM

*Refer to PCCD-X-1 (Attachment 4) for complete notification guidelines.

NOTIFICATION LOG: (include Date, Time & Contact Name)

***Internal:**

PCPD _____

Superintendent/President _____

Asst. Superintendent/Vice President of Finance & Administrative Services, Supervising VP or designee _____

Public Affairs Office (PAO) _____

Facilities Office _____

EH&S/Risk Management _____

Bldg. Dean _____

Health Services _____

Instruction Office _____

****External:**

SMFD _____

S.D. Dept. Environmental Health (CUPA) _____

Cal EMA (Emergency Management Agency) (SERC) _____

N.R.C. (National Response Center) _____

U.S. EPA Region 9 _____

Cal. Regional Water Quality Control Board _____

Fish & Game _____

San Diego LEPC: _____

DTSC: _____

SDG&E _____

California Highway Patrol _____

Occupational Safety & Health Administration (OSHA) _____