



## Designated Employee Representative

DER name: \_\_\_\_\_

Day time phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Alternate DER: \_\_\_\_\_

Day time phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_