

INITED	OFFICE	DR A NIDLLIM

DATE:	January 6, 2020			
TO:	Risk and Environmental Services Department			
FROM:	(Facility Administrator Name or Responsible Designee's Name)			
SUBJECT:	School/Facility Number of Occupants, Emergency Coordinator Contact Information, and Inventory Certification			
	2020 school year, the number of occupants).	cupants at our school/facility is estimated to be		
Our Emerger	ncy Coordinator contact information	is given below.		
Phone: Email:  As the responsiventory is chemical promound prohibited required information in the production of the production	1) complete and accurate to the best oducts and their respective Safety Date	ne attached inventory, I certify that the of my knowledge and includes all the a Sheets available onsite, 2) there are and 3) that I have checked that the following cluded for products in the Graphic present		
Facility Name		Location Code		
Facility Adm	ninistrator OR Designee Signature	Date		
Phone No.	Extension No.			