

# Emergency Information

**In case of emergency, contact:**

Building: \_\_\_\_\_ Room: \_\_\_\_\_

**Name**

**OSU Phone**

**Home/Cell Phone**

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**Department**

**Department Head**

**Home/Cell Phone**

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**Special Hazards or Conditions in this Room:**

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**DATE** \_\_\_\_\_

Post Original on DOOR or in HOLDER; Send COPY to:  
OSU Environmental Health & Safety Dept.  
University Health Services, Suite 002  
Updated December 2019