

SHIMS RECORD KEEPER DESIGNATION FORM

Complete this form and submit by e-mail to fitzhugh.marsha@dol.gov by July 7, 2008.
Indicate record keepers who currently do not have SHIMS access (e.g., highlight).

Center name:

Name of Primary Record Keeper:

Title/Position:

E-mail Address:

Phone Number:

Name of Secondary Record Keeper:

Title/Position:

E-mail Address:

Phone Number:

Name of Staff Injury Record Keeper:

Title/Position:

E-mail Address:

Phone Number: