

AMERICAN SAFETY SCHOOL, LLC.

DER

Company Name: _____

The persons listed below are the Designated Employee Representatives (DER) for our organization:

~PLEASE MARK WHOM RESULTS ARE TO BE SENT TO~

PRIMARY CONTACT

Name: _____ Title: _____
Phone: _____ Is Your Voice Mail Secure? _____
Fax: _____ Is Your Fax Secure? _____
E-Mail: _____

SECONDARY CONTACT (*Do you want this contact to receive results? _____*)

Name: _____ Title: _____
Phone: _____ Is Your Voice Mail Secure? _____
Fax: _____ Is Your Fax Secure? _____
E-Mail: _____

ADDITIONAL CONTACT (*Do you want this contact to receive results? _____*)

Name: _____ Title: _____
Phone: _____ Is Your Voice Mail Secure? _____
Fax: _____ Is Your Fax Secure? _____
E-Mail: _____

American Safety School, LLC. is authorized to accept results on our behalf from the laboratory and from the Medical Review Officer and forward these results to our organization by an auto fax, auto email, or by another suitable and agreeable method.

Authorized Signature Title Date