## SHIMS RECORD KEEPER DESIGNATION FORM

Complete this form and submit by e-mail to <a href="mailto:fitzhugh.marsha@dol.gov">fitzhugh.marsha@dol.gov</a> 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: