## Field federal safety and health council (FFSHC)

# Member Designation Form

**Designation Guidelines**

Please submit a Member Designation Form for each federal agency representative appointed to serve as a member of a FFSHC. Please return the completed form to the appropriate FFSHC chairperson.

To be an officially appointed FFSHC member, the designee must be an agency employee and a:

* Federal occupational safety and health professional;
* Federal professional or collateral duty personnel;
* Management official; or,
* Representative of a recognized federal labor organization.

**FFSHC**

Please list the FFSHC to which you are appointing a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member Information**

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Agency |  |
| Work Address |  |
| E-mail Address |  |
| Phone Number |  |
| Type of Representative(Select all that apply) |

|  |  |  |  |
| --- | --- | --- | --- |
| ⭘ | ⭘ | ⭘ | ⭘ |
| Management | Labor | Occupational Safety and Health Professional | Collateral Duty Personnel |

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| **Designating Official Information**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| E-mail Address: |  |
| Phone Number: |  |

 |
| Designating Official Signature |  | Date |  |  |
|  |