

Single Point of Contact

*Please complete one form for EACH designated Single Point of Contact and Backup.
Email the form as an attachment to ppwod@umanitoba.ca*

Primary SPC

Name: _____

Faculty / Department: _____

Address: _____

Telephone: _____ E-Mail: _____

Backup SPC

Name: _____

Faculty / Department: _____

Address: _____

Telephone: _____ E-Mail: _____

Responsible for: *(please complete one of the following options)*

Option:	Please complete:	Check one or both to indicate scope:	
		Repairs / Maintenance	Renovations / Construction
1. All Faculties and Departments in One Building	Building:		
2. All Spaces Assigned to one Faculty, Multiple Buildings (if applicable)	Faculty:		
3. All Spaces Assigned to one Department, Multiple Buildings (if applic.)	Department:		
4. One Department within One Building Only	Department: Building:		
5. Other (please describe fully): 			

Dean, Director, Dept Head (please print name) _____

(signature) _____

(date) _____