

Alternate PIC Designation Form

Submitted by (PIC) : _____ Date : _____

Work Area : _____ LSM (initial) : _____

Names of Alternates: _____ (initial) _____

_____ (initial) _____

_____ (initial) _____

_____ (initial) _____

Duration of coverage (dates) : _____

Nature of work to be performed : _____

Additional training required for Alternates :

Restrictions on work which can be done while PIC is away:

Approved: _____

Date : _____

PHENIX Group Safety Coordinator