

USC SCHOOL OF MEDICINE
VA/PHR CAMPUSES

DEPARTMENT MONITOR & CO-MONITOR'S LIST

.....
Please fill out the name of your department, dept. monitor and co-monitor's, etc.

DEPARTMENT: _____

**NAME OF
MONITOR:** _____

BUILDING #: _____

ROOM #: _____

TELEPHONE #: _____

**NAME OF
CO-MONITOR:** _____

BUILDING #: _____

ROOM #: _____

TELEPHONE #: _____

Please return this form to:

**Tony Johnson
Custodial & Safety Services
USC School of Medicine
Building 3, Room 230
Columbia, SC 29208**