

# FORM 1 – BUILDING SAFETY AND SECURITY REPRESENTATIVES (BSSR)

## CONTACT INFORMATION

|   |
|---|
| <b>Building Name:</b> Facilities Management |
|---|

Note: See <http://und.edu/public-safety/emergencies/index.cfm> for BSSR information and registration.

### I. PRIMARY BSSR:

|  |                                   |  |
|--|-----------------------------------|--|
| Name: Rhonda Saxberg                     |                                   |  |
| Position/Title: Administrative Assistant |                                   |  |
| Building Name: Facilities                | Office # 120                      | Floor # 1  |
| Work Phone: 701-777-3152                 | Cell Phone: 701-320-9123          | Text capable: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> |
| Work Email: rhonda.saxberg@und.edu       | Home Email: r_saxberg@hotmail.com |  |

### II. BACKUP BSSRs:

|                                       |              |   |
|---------------------------------------|--------------|---|
| 1. Name: Sara Peters                  |              |   |
| Position/Title: Project Monitor       |              |   |
| Building Name: Facilities             | Office # 120 | Floor # 1   |
| Work Phone: 701-777-2523              | Cell Phone:  | Text capable: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Work Email: sara.peters@email.und.edu | Home Email:  |   |

|                 |             |   |
|-----------------|-------------|---|
| 2. Name:        |             |   |
| Position/Title: |             |   |
| Building Name:  | Office #    | Floor #   |
| Work Phone:     | Cell Phone: | Text capable: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Work Email:     | Home Email: |   |

|                 |             |   |
|-----------------|-------------|---|
| 3. Name:        |             |   |
| Position/Title: |             |   |
| Building Name:  | Office #    | Floor #   |
| Work Phone:     | Cell Phone: | Text capable: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Work Email:     | Home Email: |   |

|                 |             |   |
|-----------------|-------------|---|
| 4. Name:        |             |   |
| Position/Title: |             |   |
| Building Name:  | Office #    | Floor #   |
| Work Phone:     | Cell Phone: | Text capable: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Work Email:     | Home Email: |   |

|                 |             |   |
|-----------------|-------------|---|
| 5. Name:        |             |   |
| Position/Title: |             |   |
| Building Name:  | Office #    | Floor #   |
| Work Phone:     | Cell Phone: | Text capable: Y <input type="checkbox"/> N <input type="checkbox"/> |
| Work Email:     | Home Email: |   |