

**Texas Tech University Health Sciences Center El Paso  
Safety Services Department**

**UNIT SAFETY OFFICER  
CHANGE FORM**

Please complete and return this form to: Martha Quezada  
USO Coordinator  
TTUHSC El Paso

**DEPARTMENT INFORMATION:**

Department Name(s): \_\_\_\_\_

Dept. Home Org. Code(s): \_\_\_\_\_

Department Head Name: \_\_\_\_\_

**USO INFORMATION:**

Date Change Effective: \_\_\_\_\_

Previous USO: \_\_\_\_\_

USO Name: \_\_\_\_\_

USO eRaider and R# \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_