As part of the project team on this site, each individual is required to have knowledge of the safety procedures & hazard identification. Upon completion of the Site Safety Orientation, please review the information below & complete the checklist. If there are any responses on which you check “NO”, further training may be needed.

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| Print Name: | | Date: | | |
| Project: | | | | |
| Items of Discussion | | | | |
| 1 | I understand the procedures for site entry, security & parking on the project. | | ○ Yes | ○ No |
| 2 | I understand the cell phone & camera policy for this job site. | | ○ Yes | ○ No |
| 3 | I have been instructed of my rights under the OSHA act, to work in an environment free of recognized hazards. | | ○ Yes | ○ No |
| 4 | I have been instructed to report all hazards and unsafe conditions on the site. | | ○ Yes | ○ No |
| 5 | I am aware that all incidents, near miss incident, injuries, and chemical spills are to be reported immediately and the reporting requirements have been explained to me. | | ○ Yes | ○ No |
| 6 | Emergency response and evacuation procedures have been reviewed with me and I have been advised where first aid is available. | | ○ Yes | ○ No |
| 7 | I have been advised of the minimum Personal Protective Equipment (PPE) required at all times on the job site, Hard Hat & Safety Glasses, and that other PPE may be required, dependent on the work task involved. | | ○ Yes | ○ No |
| 8 | I have been advised of the appropriate clothing for the jobsite, at minimum: shirts with sleeves covering the shoulders; pants that extend to the ankle; and approved construction footwear covering the ankle. | | ○ Yes | ○ No |
| 9 | I shall know how to use the tools and equipment that I may be required to operate, if unaware of the safety usage guidelines applicable to the tools or equipment to be used, I shall contact my supervisor for training. | | ○ Yes | ○ No |
| 10 | I understand that under the regulations established by the Occupational Safety and Health Act (OSHA), I cannot remove or destroy safeguards or devices on equipment, or use tools without the appropriate guards or other manufacturer-required devices. | | ○ Yes | ○ No |
| 11 | It has been explained that tools shall be inspected prior to use and all defective tools and equipment shall be tagged, reported, and removed. | | ○ Yes | ○ No |
| 12 | I understand that Ground Fault Protection (GFCI) is required when using electrical power tools. | | ○ Yes | ○ No |
| 13 | It has been explained that only trained and authorized personnel shall operate power equipment (aerial work platforms, cranes, fork trucks) and that all equipment must be inspected prior to use with the inspection documented. | | ○ Yes | ○ No |
| 14 | I understand what “control of hazardous energy” and equipment system “lockout” means, and will contact my supervisor prior to working on energized equipment or applying a lockout. | | ○ Yes | ○ No |
| 15 | I have been instructed on proper housekeeping, cable and cord routing, and storage of equipment and materials. I understand that walkways, aisles, stairs, ladders, and other designated routes of access and egress shall remain clear of materials, equipment, and trip hazards and there is no leaning of materials on walls, structures, columns or similar. | | ○ Yes | ○ No |
| 16 | I have been instructed that fall protection is required at all work locations and situations where fall hazards of 6 feet or more exist. | | ○ Yes | ○ No |
| 17 | I have been informed of the “Hazardous Communication Standard” and Right to Know” law and the location of Safety Data Sheets (SDS’s). | | ○ Yes | ○ No |
| 18 | I have read and understand that no materials or chemicals are to enter the site of facility without prior approval from      . I also understand that it is my responsibility to review the Safety Data sheets prior to working with any material or chemical. | | ○ Yes | ○ No |
| 19 | I have been instructed on proper ergonomic practices and lifting techniques to include: bending knees; keeping back straight; maintaining a firm grasp; keeping the load close to your body; using leg muscles; and not twisting your body. If a load is too heavy or large I will seek help or use a material-handling device. | | ○ Yes | ○ No |
| 20 | I understand the smoking regulations on this job site and will do so only in authorized areas and dispose of cigarettes in proper receptacles. | | ○ Yes | ○ No |
| Print Name: | | Date: | | |
| Items of Discussion | | | | |
| 21 | I have been instructed of the “Hot Work” procedures (permits, fire watch(s), and fire protection) and that all hot work operations are to have an inspected and approved fire extinguisher at the hot work location. | | ○ Yes | ○ No |
| 22 | I have been advised that confined space entry procedures are required prior to entry in any permit required space, and that a confined space evaluation must be completed on any non-permit required space. | | ○ Yes | ○ No |
| 23 | I understand and will adhere to the site substance abuse policy. | | ○ Yes | ○ No |
| 24 | I have been advised on the requirements regarding safe use of ladders and stairs. | | ○ Yes | ○ No |
| 25 | I have been instructed on the use of barricade tape and signs for hazard notification, and the importance of adhering to posted signs and barricades. | | ○ Yes | ○ No |
| 26 | I understand that scaffolds shall be erected, altered, or dismantled under supervision of a competent person and must be inspected daily with a proper tag attached denoting scaffold condition and usage requirements. | | ○ Yes | ○ No |
| 27 | Site specific procedures (roof access, floor grating removal, guardrail removal, were reviewed and I understand the requirements. | | ○ Yes | ○ No |
| 28 | If I am requested to perform a task that I am not knowledgeable or trained to perform, or if I am unsure of any situation, I will contact my supervisor. | | ○ Yes | ○ No |
| 29 | I have been advised and understand that dismissal from this project may result from non-compliance to safety requirements (disciplinary action) and this document serves as a verbal warning. Immediate dismissal from this project shall result from any willful or deliberate violation of safety requirements, policies and procedures. | | ○ Yes | ○ No |
| 30 | I understand this orientation is not intended to cover all possible conditions or situations that may arise on a construction job site and it is my responsibility to understand and comply with       standards. | | ○ Yes | ○ No |

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| The Use of Tobacco and Communication Devices |  | Initial |
| **Tobacco Use –** The use of any type of tobacco anywhere inside the plant or on the roof is strictly prohibited. Furthermore the use of electronic cigarettes and vapor devices is also prohibited. |  |  |
| **Communication Devices –** Walking or operating equipment or vehicles while using any type of communication device is prohibited, this includes cell phones with or without Bluetooth capabilities, two way radios, etc. Cell phone usage is not permitted in the working areas, cell phone use will be restricted to designated break areas. |  |  |

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| Certifications | | | | | | | | | |
| First Aid | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| CPR | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| NCCO card | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| Forklift Trained | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| Aerial / Scissors Lift Training | ○ | Provided by present employer? | | | | | ○ Yes | | ○ No |
| OSHA 10 Hour Training | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| OSHA 30 Hour Training | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| Other: | ○ | Proof of Certification on Person? | | | | | ○ Yes | | ○ No |
| Contractor: | | | | | | | | | |
| Job Title or Trade: | | | Local #: | | ○ | Journeyman | ○ | Apprentice | |
| Badge Number: | | | | Hard Hat Sticker Number: | | | | | |
| Signature: | | | | | | | | | |