

SAFETY ORIENTATION RECORD

Employee Name: _____ Date: _____
 Company: _____ Trade: _____
 Jobsite: _____ Orientation By: _____

ORIENTATION TOPICS COVERED

General Safety

- Company safety policy and IIPP overview
- Employee rights and responsibilities
- Hazard reporting procedures (without fear of reprisal)
- Emergency procedures, evacuation routes, assembly point
- First aid kit and fire extinguisher locations
- Incident and injury reporting requirements
- PPE requirements and proper use
- Housekeeping and site access rules

Activity-Specific Safety

- 15 feet

California-Specific Requirements

- written Injury and Illness Prevention Program (IIPP) for all employers (T8 CCR 3203)
- written Injury and Illness Prevention Program (IIPP) required for all employers (Cal/OSHA T8 Section 3203)
- written Injury and Illness Prevention Program (T8 CCR 3203(a))
- written in English and language understood by majority of employees (Cal/OSHA T8 Section 3395(i))
- a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat

Additional Regulatory Requirements

- inspected not less than twice annually by a competent person in accordance with the manufacturer's recommendations, wit
- inspected not less than twice annually by a competent person and the date of each inspection shall be documented
- guardrails, fall arrest systems, and competent person inspection
- documentation demonstrating the basis for the affirmation of the well's future utility
- evidence of financial responsibility under §3709.B
- industrial mechanical spreader capable of broadcasting and/or fanning out the cuttings

SITE-SPECIFIC INFORMATION

Emergency assembly point location: _____
 Nearest hospital / medical facility: _____
 First aid kit location: _____
 Fire extinguisher locations: _____
 Site access/egress points: _____
 Restricted areas: _____
 Site superintendent name and contact: _____

EMPLOYEE ACKNOWLEDGMENT

I confirm that I have received a safety orientation for this jobsite, understand the hazards and safety requirements, and have had the opportunity to ask questions.

Employee Signature: _____

Date: _____

Orientation By: _____

Date: _____

Monday Safety — Sample Document