



Rogers-O'Brien
CONSTRUCTION

Certification of Site Safety Orientation

Employee Information

Name: Hagen Fritz

Phone Number: 8177271934

Occupation: Innovation Intern

Date of Birth: 1993-10-22

Email:

Employer: RO

Supervisor: Bruno Chiquini

Length of Time with Employer: 3 months

Emergency Contact Information

Name: James Holmes

Phone Number: 5128887766

I certify that I have been explained the safety requirements for the following items:

☒ Site Specific Safety Policy and Requirements

☒ Proper PPE

☐ Fall Preventions

☐ Ladder Safety

☒ Excavation Safety

☒ Situational Awareness

☐ Electrical Safety

☒ Hand & Power Tool Safety

☐ Mobile Equipment

☒ PTP Cards

☒ Scaffolding

☐ Drug, Alcohol, & Harassment Free Project

☒ Medical & 1st Aid Reporting

☒ I have watched the Rogers-O'Brien Construction Safety Orientation Video and that it is my responsibility to familiarize myself with the information contained in the Rogers-O'Brien Safety Orientation.

☒ I understand that drug screening maybe required and that I am subject to random drug screening while working on this project.

☐ I understand that if this project is a (Contractors Controlled Insurance Program (CCIP) site, then the workers compensation insurance is covered by Rogers-O'Brien Construction and is part of the Health Care Network (HCN). All treating doctors need to be in the HCN unless pre-approval before treatment. Otherwise, you may be financially responsible for the bills from non-HCN doctors.

Date: 2022-09-12 **Signature:**
