# Contractor Safety Orientation Form

The Date on Site (Pre-Work Orientation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Orientation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Person Providing Orientation (Name, Position, and Company):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Topic** | **Initials** (Trainer) | **Initials** (Worker) | **Comments** |
| --- | --- | --- | --- |
| 1. Contractor Information:  Contractor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contractor’s Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contractor’s Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Subcontractors where applicable  Start Date of Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  End Date of Contract (If Applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 2. Project Overview:  Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Expected Timeline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 3. Rights and Responsibilities  (A) General Obligations of Contractors and Expectations of the Company |  |  |  |
| (B) Employee's Right to Refuse the Risky Job and How to Exercise that Right |  |  |  |
| (C) Hazard Reporting by Employees and the Process for Doing so |  |  |  |
| 4. Workplace Health and Safety Rules  A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  D) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 5. Known Hazards and How to Deal with Them  A) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  D) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 5. First Aid if they are using your company’s first aid and eyewash  (A) First Aid Attendant’s Name and Contact Information  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| (B) Locations Of First Aid Kits and Eye Wash Facilities |  |  |  |
| (C) How To Report an Illness, Injury, Or Another Incident (Including Near Misses) At the Workplace/Company Location |  |  |  |
| 6. Emergency Procedures  (A) Locations Of Emergency Exits and Meeting Points |  |  |  |
| (B) Locations Of Fire Extinguishers and Fire Alarms |  |  |  |
| (C) How To Use Fire Extinguishers |  |  |  |
| (D) What To Do in An Emergency Situation |  |  |  |
| 7. Where Applicable, The Basic Contents of The OHS Program  Review The Corresponding Program Section for All High-Risk Activities (E.G., Working at Heights, Confined Space Entry, Lockout/Tagout of Equipment, Mobile Equipment Operation, and Hazardous Materials Handling) Involved with the Contractor’s Scope of Work. |  |  |  |
| **Instruction:** When the Conditions are Met and The Arrangements/Details Have Been Discussed/Reviewed, Mark "Yes." Select "No" If the Answer Does Not Apply to The Project's or Service's Work Area. Prior to Starting Employment, Orientation Is Required. | | | |

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| --- | --- |
| 8. Building Area  Yes  No  Security Access  Yes  No | Parking  Yes  No  Restricted Area  Yes  No |
| 9. Emergency Procedures, Signals, Assembly Areas | Yes  No |
| 10. Spill/ Leak Reporting Procedure | Yes  No |
|  |  |
| 11. Restrooms/Lunch Facilities/Storage Facilities | Yes  No |
| 12. Work Area Isolation Including but Not Limited to Safe Routing and Placement of Cords, Hoses, Equipment, And Tools | Yes  No |
| 13. Personal Protective Equipment Is Needed to Enter the Work Area | Yes  No |
| 14. Lock Out/Tag Out? (Program Review Required) | Yes  No |
| 15. Work Area/Activities Requiring Fall Protection | Yes  No |
| 16. Work on Electrical Systems/Equipment | Yes  No |
| 17. Ladder(S)/Platform(S)/Staging/Lift(S) To Be Used | Yes  No |
| 18. Work Affecting Fire Detection/Suppression Equipment (Alarms/Sprinklers/  Fire Pump) | Yes  No |
| 19. Interruption of Emergency Equipment Use/Accessibility?  (Eyewashes/Showers, Exhaust Ventilation, Phone Service, Egress Routes) | Yes  No |
| 20. SDS For All Hazardous Materials Are Available | Yes  No |
| 21. Potential Impacts & Accommodations (Noise, Dust, Odors, Etc.) Associated With the Project/Work: | |
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|  | |
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|  | |

Contractor Safety Acknowledgement:

I acknowledge that STARP provided me with a safety orientation.

I have read and understand my duties as they are described in this program as a condition of the contract between STARP and myself/company, and I will abide by these rules, policies, and procedures as well as any regulations or other rules controlling safety.

I know that it is my duty as an employer to make employees under my control aware of any safety policies, procedures, or rules while working on STARPprojects.

I am aware that this program must be utilized in combination with the Occupational Health and Safety (OHS) Act and Regulations.

I am aware that STARPhas the freedom to modify its safety program whenever it wants.

I am aware that any infraction of the safety program, policies, procedures, or rules will result in disciplinary action or contract termination.

I declare that I am aware of and agree to follow all STARP safety program's policies and procedures (if you say standards, provide the standards) be consistent in your wording.

Employee Name: (Contractor)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: (Contractor)