

SAFETY & HEALTH MANAGEMENT PROGRAM ORIENTATION & ACKNOWLEDGEMENT

Employee/Subcontractor Name: _____ Date: _____

Position/Title: _____

Date of Hire: _____

By signing below I acknowledge that I have received and read the Nycom, Inc. Safety & Health Management Program. I also acknowledge that I understand the safety & health policies, procedures and expectations contained in the Safety & Health Management Program. I acknowledge and understand that failure to comply with company safety requirements could result in injury, death or disciplinary action. Placing my initials beside each of the items listed confirms that I am aware of each of the following basic Nycom, Inc. safety policies and procedures.

Basic Nycom, Inc. Safety Policies & Procedures	Employee Initials
1. I understand that working under the influence of drugs or alcohol is prohibited.	_____
2. I understand that random, post accident or reasonable-cause drug testing may be required of me and is a condition of employment.	_____
3. I understand my obligation to report safety concerns to my supervisor.	_____
4. I understand my responsibility to immediately report work-related injuries.	_____
5. I understand the company disciplinary action policy.	_____
6. I understand the Hazard Communication program.	_____
7. I have been informed of the location of Safety Data Sheets (SDS).	_____
8. I understand that I am to read the SDS for chemicals and follow all warnings.	_____
9. I understand that horseplay is prohibited at all times.	_____
10. I understand that hard hats & safety glasses are required in all work areas.	_____
11. I understand the requirements for personal protective equipment.	_____
12. I understand that failure to follow proper procedures can cause silica exposure.	_____
13. I understand that 100% fall protection is required at heights above 6 feet.	_____
14. I understand that I am not to operate equipment unless authorized to do so.	_____
15. I understand that seat belts must be worn on forklifts and other equipment.	_____
16. I understand that ladders must be used to access trucks/elevated surfaces.	_____
17. I understand that standing on the top or top step of any ladder is prohibited.	_____
18. I understand the cell phone usage and motor vehicle safety policy.	_____
19. I understand that guards must be used on all power tools including table saws.	_____
20. I understand that I am to unplug power tools before servicing them.	_____
21. I understand that GFCI protection must be used with all power cords & tools.	_____
22. I understand the procedures for operating a fire extinguisher.	_____

I understand that construction work may be dangerous and I am committed to working in a safe manner, looking out for the safety of my co-workers and working in compliance with the requirements of the Nycom, Inc. Safety & Health Management Program provided to me.

Employee/Subcontractor Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Cc: Safety Files