



## UNIVERSAL DRYWALL & PLASTERING, INC.

### New Employee Orientation and Verification List

**Instructions:** Please read carefully the following information and sign after every paragraph as indicated

I \_\_\_\_\_, on this date \_\_\_\_\_ - \_\_\_\_\_ - 20\_\_\_\_\_

(Please print your name in block letters)

(Month - Day - Year)

I have read or have had explained the Safety Policy & Program Summary. I have no further questions regarding:

- The Company's Safety Philosophy.
- My safety responsibilities as an employee.
- The disciplinary procedures.

\_\_\_\_\_ **Initial**

I have read or have had explained the Safety Committee portion of the Safety Program:

- I am aware of who is in charge of safety if I have questions.
- I am aware of my ability to report my safety concerns to the Safety Coordinator.
- I am aware that this Company is striving to provide a safe working environment and is committed to my safety and ability to inform the Company of unsafe working environments without fear of reprisal.

\_\_\_\_\_ **Initial**

I have read or have had explained the General Safety Rules as pertain to the Safety Program:

- I am aware of all safety rules and general codes of safe practice.

\_\_\_\_\_ **Initial**

I have read or have had explained the safety policy regarding Hand and Power Tools:

- I am aware that I am required to inspect all tools before I operate the equipment.
- I am aware that I can request training from my supervisor on any tool that I do not know how to operate safely.
- I am aware that if I am unsure of how to operate my tools safely I am to not operate them until I receive proper training and feel that I can operate it safely.
- I am aware that any tool in need of repair or out of compliance is to be reported to my supervisor.

\_\_\_\_\_ **Initial**

I have read or have had explained the process for Accident Reporting & Investigation:

- I understand that I am to immediately report an accident to my supervisor.
- I understand that I am to immediately stop working.
- I understand that if I need medical attention I am to see the clinic or hospital that is affiliated with this Company.
- I understand that if I go to a different doctor or medical facility the Company may have a right to deny or not pay my medical bill.
- I understand that I will be cooperative in any accident investigation.
- I understand that upon any accident I may be tested for drugs and alcohol.
- I understand that if I am present at my place of employment under the influence of drugs and or alcohol that I automatically self-terminate my employment with or without notice of termination by the Company.

\_\_\_\_\_ **Initial**

I have read or have had explained the Emergency Action Plan:

- I understand where my emergency evacuation routes are located.
- I understand that we are to gather at a specific determined place in order to conduct a head count.

\_\_\_\_\_ **Initial**

I have read and or have had explained the Fire Prevention Plan:

- I understand that I am to report any potential fire hazards.
- I am to keep all exits clear and free of obstacles.
- I know where the nearest fire extinguisher is to my workstation.

\_\_\_\_\_ **Initial**

I am aware of the CPR & First Aid portion of the Safety Program:

- I am aware of where the first aid kits are located.
- I am aware that I am to report to management if the first aid kit needs restocked.

- I am aware of who is trained in First Aid and CPR
- I am aware of where the nearest Eye Wash Station is located (if appropriate).
- I am aware that I am to report all injuries immediately to my supervisor.
- I am aware of where our clinic is located and will have someone drive me there in the event of an emergency (or by ambulance if appropriate).

\_\_\_\_\_ **Initial**

I have read or have had explained the Hazard Evaluation portion of the Safety Program:

- I understand that I am to be familiar with the hazards that surround my workstation.
- I understand that I am to report any hazard that may be present in my workstation.
- I understand that it is my responsibility to assist in providing a safe working environment for myself and my co-workers.

\_\_\_\_\_ **Initial**

I have read or have had explained the Crystalline Silica portion of the Safety Program:

- I understand the short and long term effects of Silica exposure.
- I understand about using the Silica Table 1 when working with Silica.
- I understand my responsibility in following the procedure to control the spread of silica dust.

\_\_\_\_\_ **Initial**

I have read or have had explained the Bloodborne Pathogens portion of the Safety Program:

- I understand that I am to wear personal protective equipment when dealing with blood or body fluids.
- I understand that I am to properly dispose of any blood, body fluids, or material that has been touched by the blood or fluid.
- I understand that in the event of dealing with a Bloodborne Pathogen situation it is my responsibility to receive post exposure care by the Company's clinic.
- I am aware of where my hand-washing facilities and/or disinfectant are located.

\_\_\_\_\_ **Initial**

I have read or have had explained and understand the Workplace Violence & Harassment policy of the Safety Program:

- I understand The Company has ZERO TOLERANCE for workplace Violence & Harassment.
- Workplace Violence & Harassment includes but is not limited to: intimidation, threats, physical attack, property damage, and includes acts of violence committed by employees, customers, relatives, acquaintances, or strangers against Company employees in the workplace.
- Dangerous weapons are prohibited on Company property or in Company vehicles.
- All employees are encouraged to report to a supervisor any possibility of workplace Violence & Harassment. All reports will be confidential.

\_\_\_\_\_ **Initial**

I have read or have had explained the Electrical Safety portion and the Lockout/Tagout portion of the Company Safety Program:

- I understand that only authorized persons are allowed to deal with electrical repairs and or issues.
- I understand that I am to not touch or in any way use any equipment that is locked out or tagged out.
- I understand that it is my responsibility to report any electrical hazards to a supervisor immediately.

\_\_\_\_\_ **Initial**

I have read or have had explained the Hazard Communication & Material Safety Data Sheet (MSDS) portion of the Safety Program:

- I understand what a Material Safety Data Sheet is.
- I have been given an orientation on how to read a MSDS.
- I understand that I am to report any Chemical or Hazardous Substance that does not have a label.
- I understand that I can request further training on MSDSs.

\_\_\_\_\_ **Initial**

I have read or have had explained the Personal Protective Equipment portion of the Safety Program:

- I understand that I am to wear my personal protective equipment as required by this Company.
- I am aware of what I am required to wear for personal protective equipment at this Company.

\_\_\_\_\_ **Initial**

I am aware of where my Company displays all of the required Employee Rights Postings.

\_\_\_\_\_ **Initial**

I am aware of where my Company "Designated Medical Provider" is located.

\_\_\_\_\_ **Initial**

I am aware that the Safety Program may contain additional written safety Programs in place which require additional training (i.e. Confined Spaces, Fall-Protection, Excavation, Ladders, Scaffolding, Lock-Out/Tag-Out, etc.):

- I understand that I may receive or request further training on any safety issues that may be appropriate for my particular job.
- If I have not received adequate training or feel that I cannot conduct my job safely it is my responsibility to notify my supervisor.

\_\_\_\_\_ **Initial**

*My signature certifies and verifies that I have received an orientation and have received or have read the material mentioned in the **Universal Drywall & Plastering Inc Safety and Health Manual**. I understand completely the program and have no questions in regards to Company safety policy. I fully understand and am aware that if I have questions regarding the Company Safety Program or my personal safety, I may inquire of my supervisor for additional information and explanation.*

\_\_\_\_\_  
New Hire Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date