Subcontractor Orientation Form

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| Subcontractor |
| Company: |
| Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_  address city province/state |
| Phone number: |
| Services Provided for Organization: |

|  |  |
| --- | --- |
| Industry Orientation | |
| * Duties |  |
| * Reporting Method |  |
| * Protective Gear |  |
| * First Aid |  |

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| * Safety Programs |
| * Policy and Safety Manuals |
| * Hazard Awareness |
| * Violence in the Workplace * Training and Licensing |

SUBCONTRACTOR

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_herby claim that I have read and will comply with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_health and safety manual—­I understand and agree to abide by these rules and regulations at all times.

COMPANY NAME

Subcontractor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Orientator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_