Subcontractor Orientation Form

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

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| Industry Orientation |
| * Duties
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| * Reporting Method
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| * 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:\_\_\_\_\_\_\_\_\_\_\_