function — of beauty

Contractor Safety Orientation Form

Company Name_____

On-Site Lead, Manager, Supervisor's Name_____

Off-Site Contact Person_____

Phone and / or Email_____

Function Inc. Contact Person_____

FoB Building #		
Y	NA	Topics Covered
☐	☐	General Policies & Procedures
☐	☐	Function Inc.'s Commitment to Safety
☐	☐	Contractor Safety Responsibilities
☐	☐	Daily Pre-Work Meeting with Function Inc. Contact Personnel
☐	☐	Personal Protective Equipment Requirements • Head, Face, Foot, & Hand • Hearing Conservation
☐	☐	Stools, Ladders, Scaffolds, & Lifts
☐	☐	Compressed Air & Gas
☐	☐	Hot Work Procedures, Requirements, Permitting
☐	☐	Lock Out / Tag Out
☐	☐	Energized Work Permitting
☐	☐	Electrical Arc Flash Program (NFPA 70E)
☐	☐	Confined Spaces • Permit Required Confined Spaces
☐	☐	Laboratory Safety
☐	☐	Emergency Response & Accident Reporting
☐	☐	Evacuations, Shelter in Place, & other emergency scenarios
☐	☐	Security • Building Access • Parking • Signing In / Out • Work During Non-Operational Hours
☐	☐	Use of Personal Electronic Devices
☐	☐	Fall Protection Requirements
☐	☐	Drug and Alcohol Policy
☐	☐	Powered Industrial Trucks and Other Equipment • Restrictions for Use • Licensing & Training
☐	☐	Tobacco Use & Vaping
☐	☐	Break Room, Rest Rooms, & Food and Beverage Policies
☐	☐	Questions & Comments (Use the Reverse of this Page)
☐	☐	Have additional topics been covered? (Use Reverse)

All Parties Print, sign, and date below.

Signature denotes acknowledgement and adherence to all of the applicable Function Inc. policies discussed.

Signature denotes acknowledgement that the information discussed will be adhered to and that modification to the scope of work or activities that may affect safety will be discussed with the EHS Department prior to moving forward with changes.

Print Name Clearly	Signature	Date

Questions / Comments