



## CONTRACTOR ORIENTATION FORM

The following checklist shall be reviewed with all contractors by the EQ representative, or EHS manager prior to the start of work at an EQ site. This checklist is not meant to replace EQ's "Contractor Environmental, Health & Safety Manual" (QES-CM-002-ALL) or "Contractor Pre-Job Checklist," (QES-FM-071-ALL) but to facilitate the site safety orientation. All participants in the orientation shall sign an attendance sheet, which will be attached to the signed "Contractor Sign-Off Sheet" (Appendix B in the manual) and filed in the EHS Manager's office. A copy of this completed form shall be distributed to the Contractor for reference while on site.

EQ site name/location:
<b>General Information:</b>
<input type="checkbox"/> All vehicles shall observe a maximum speed of _____ unless otherwise posted.
<input type="checkbox"/> The minimum PPE requirements for this site are: Additional PPE requirements for this project are:
<input type="checkbox"/> Smoking is permitted in the following area(s):
<input type="checkbox"/> Eating is permitted in the following area(s)
<input type="checkbox"/> Toilets and washing facilities are located in the following area(s):
<input type="checkbox"/> Location of MSDSs at this site: Any additional Hazard Communication Program Information (if necessary):
<b>Emergency Information: <i>In case of emergency, Contractor is to notify EQ personnel immediately.</i></b>
<input type="checkbox"/> Emergency procedures for this site are:
<input type="checkbox"/> Location(s) of: <ul style="list-style-type: none"><li>• First-aid kit(s):</li><li>• Eyewash(es) / Safety Shower(s):</li><li>• Assembly Area(s) or Rally Point(s):</li><li>• Windsock(s):</li><li>• Additional safety equipment (if available):</li></ul>
<input type="checkbox"/> Evacuation routes for the Contractor's work area include:
<b><i>All accidents (personal injury, property damage, spills/releases, etc.) shall be reported to the EQ representative or EHS manager as soon as emergency conditions no longer exists. A written report by the Contractor is required within 24 hours of the event.</i></b>
<input type="checkbox"/> The closest clinic to this site is (name, address, phone number, hours):
<input type="checkbox"/> The closest hospital to this site is (name, address, phone number):
<input type="checkbox"/> Description of actual and potential hazards that may be encountered on this site:

Review of "Contractor Pre-Job Checklist" (QES-FM-071-ALL) and any additional concerns:

**EQ Site Contact Information:**

<b>Name:</b>	<b>Relationship to Project</b> ( <i>i.e., Project Manager, EHS Manager, Operations Manager, Emergency Coordinator, etc.</i> ):	<b>Phone Number(s):</b>

Additional Information: