

**New Employee Safety Orientation Program**  
**Level 2 – Site Specific Information**

Congratulations on completing the New Employee Safety Orientation Program. However, safety is an ongoing process that must be incorporated into your daily work activities. Please take time to answer the following questions regarding how the information you learned today applies specifically in your work area and **return to Safety Services – Lubbock, MS 9020 within 5 days of completing NESOP.**

Name: \_\_\_\_\_ TTUID or SS#: \_\_\_\_\_ NESOP Date: \_\_\_\_\_

1. My unit safety officer is: \_\_\_\_\_

2. The location of the emergency equipment closest to my primary work area:

A. Fire alarm pull station \_\_\_\_\_

B. Fire extinguisher \_\_\_\_\_

C. Fire evacuation route \_\_\_\_\_

D. Outside reassembly area \_\_\_\_\_

E. Interior shelter area \_\_\_\_\_

F. First-aid supplies \_\_\_\_\_

G. Eye wash stations (lab only) \_\_\_\_\_

H. Safety shower (lab only) \_\_\_\_\_

3. The Material Safety Data Sheets are located: \_\_\_\_\_

4. Departmental code words for security: \_\_\_\_\_

5. Nearest hand washing facilities: \_\_\_\_\_

6. Location of personal protective attire:  
 \_\_\_\_\_

7. I would like Safety Services to evaluate my work area for potential ergonomic problems:    Yes        No

8. I have received training regarding the proper use of the equipment/materials in my area (circle all that apply):

- |                |                     |                           |                         |
|----------------|---------------------|---------------------------|-------------------------|
| computer       | sharps container    | centrifuge                | Select agents (specify) |
| printer        | hazardous chemicals | fume hood                 | _____                   |
| copy machine   | gloves              | biological safety cabinet | _____                   |
| fax machine    | biohazardous waste  | clean air bench           | Other (specify)         |
| paper shredder | pallet jack         | UV light source           | _____                   |
| telephone      | fork lift           | electrophoresis equipment | _____                   |
| hand tools     | power tools         | gas cylinders             | _____                   |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_