Safety Training completion is required for all TTUHSC employees, students & volunteers (OP 75.01).

Safety Training Login Instructions

Web Site – [http://www.ttuhscc.edu/admin/safety](http://www.ttuhscc.edu/admin/safety)

Click on Training on Left Navigation Bar

Step 1 – Click applicable link.

<table>
<thead>
<tr>
<th>Safety Services Training Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome to the Texas Tech University Health Sciences Center Safety Services Training System. This web-based application enables Employees, Students, and Volunteers of the TTUHSC system to complete required safety training as mandated by applicable laws and regulations.</td>
</tr>
</tbody>
</table>

**Employees & Students**

Sign in via eRaider → eRaider Sign In

**Volunteers**

Click here to sign in

Step 2 – Employees & Students: Sign in with your eRaider username & password.

Volunteers: Sign in with your Volunteer ID number and email address.

Step 3 – New Employees & Volunteers: Please answer the lab question: Do you work in a lab?

Students: Coursework includes lab activity; therefore, need Lab Safety Training.

Step 4 – New Employees complete: New Employee Safety Orientation Program (NESOP)

Students complete: Safety Training Education Program for Students (STEPS)

Volunteers complete: Volunteer Safety Orientation Program (VSOP)

All Lab workers complete: Laboratory Safety Essentials (LSE)

- Indicates COMPLETE course
- Indicates INCOMPLETE course
- Indicates LOCKED course: Call Safety Services to have your exam(s) reset.

For Safety Services assistance, please call Monday-Friday, 8am-5pm:

New Employee Safety Orientation Program (NESOP)  
Level 2 – Site Specific Information

Welcome to Texas Tech University Health Sciences Center!

As part of an ongoing effort to maintain a safe work environment for TTUHSC employees and students, the Safety Services Department gives you an opportunity to learn about safety-related information that applies specifically to your work area. Please take time to answer the following questions to be better informed and prepared. Return this form to your Safety Services office within 5 days of completing New Employee Orientation.

Name: ___________________________  Department: ___________________________

Eraider Name: ____________________  Status (circle one): Employee  Volunteer  Student

Campus (circle one): Abilene  Amarillo  Dallas  El Paso  Lubbock  Managed Health Care  Odessa

1. Name of Unit Safety Officer ___________________________________________________________

2. The location of the following emergency equipment closest to my primary work area:
   A. Fire alarm pull station _____________________________________________________________
   B. Fire extinguisher _________________________________________________________________
   C. Outside reassembly area _____________________________
   D. Interior shelter area _______________________________________________________________
   E. First-aid supplies _________________________________________________________________
   F. Nearest AED (Automatic External Defibrillator) ______________________________________
   G. Eye wash stations (in lab) __________________________________________________________
   H. Safety shower (in lab) _____________________________________________________________

3. Material Safety Data Sheets (MSDSs) can be accessed _________________________________

4. Departmental code word(s) for security ______________________________________________

5. Nearest hand washing facilities ______________________________________________________

6. Location of personal protective attire/equipment (PPA/PPE) _____________________________

7. 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 _________________________________

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

Employee Signature: ___________________________  Date: __________________

Supervisor or USO Signature: ___________________________  Date: __________________

Texas State Government Privacy Policies (Government Code): 1) With few exceptions, you are entitled on request to be informed about the information the state governmental body collects about you; 2) Under Section 552.021 & 552.023, you are entitled to receive and review the information; and 3) Under Section 552.004, you are entitled to have the state governmental body correct information about you that is incorrect.