

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.**

Abilene	Attn: Kayla Talbott 1718 Pine Abilene, TX 79601
Amarillo	Safety Services 1400 Wallace Amarillo, TX 79106
Dallas	Attn: Sue Ussery 5920 Forest Park Rd Dallas, TX 75235
El Paso	Safety Services 5001 El Paso Drive El Paso, TX 79905
Lubbock	Safety Services STOP 9020
MHC	Safety Services 3601 4 th St. STOP 9020 Lubbock, TX 79430
Odessa	Safety Services 800 West 4 th St. Odessa, TX 79763

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:** _____