Safety Training completion is required for all TTUHSC Faculty and staff (OP 75.01).

**New Employee Safety Orientation Programs**

**Login Instructions**

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

Click on **Training** on Left Navigation Bar

Click on [Sign In] and sign in with your username & password

Click on **New Employee Safety Orientation Program**

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**Step 1 – Click on BEGIN button**

New Employee Safety Orientation Program

**Step 2 – Click on CONTINUE button**

New Employee Safety Orientation Program (NESOP)

Level 1/Level 2

Level 1 consists of 5 online modules each with a 10-question post-test. You are required to score 80% on each of the 5 examinations to successfully complete Level 1 of the New Employee Safety Orientation Program.

Level 2 is a site-specific form that you are required to download and print. Complete the form with the assistance of your supervisor and mail to Safety Services. [DOWNLOAD LEVEL 2 FORM](http://www.ttuhs.edu/admin/safety) (pdf - 12 KB)

High-speed connection (network, DSL, cable) recommended.

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**Step 3 – Navigate to modules and examinations**

<table>
<thead>
<tr>
<th>Module</th>
<th>Complete</th>
<th>Date</th>
<th>Options</th>
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<td>Accident Prevention</td>
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<td>Emergency Procedures</td>
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Completion of all 5 course exams with a passing score of 80% is required.

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If you need assistance or need your test reset, please call Monday-Friday, 8am-5pm:

Lubbock Safety Services
Education and Training division
**806-743-2597**

Amarillo Safety Services
**806-354-3441**

El Paso Safety Services
**915-783-5245**

Odessa Safety Services
**432-335-1820**
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 ____________________________________________________________________
   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.