

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:** _____