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

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.