

## 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.**

<b>Abilene</b>	Safety Services 1718 Pine Abilene, TX 79601
<b>Amarillo</b>	Safety Services 1400 Wallace Amarillo, TX 79106
<b>Dallas</b>	Attn: Unit Safety Officer 5920 Forest Park Rd Dallas, TX 75235
<b>Lubbock</b>	Safety Services STOP 9020
<b>MHC</b>	Safety Services 3601 4 <sup>th</sup> St. STOP 9020 Lubbock, TX 79430
<b>Midland/Odessa</b>	Safety Services 800 West 4 <sup>th</sup> St. Odessa, TX 79763

**Name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Eraider Name:** \_\_\_\_\_ **Status** (circle one): Employee Volunteer Student

**Campus** (circle one): Abilene Amarillo Dallas Lubbock Managed Health Care Midland/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. Nearest Evacuation Chair (in multi-level buildings) \_\_\_\_\_
  - H. Eye wash stations (in lab) \_\_\_\_\_
  - I. Safety shower (in lab) \_\_\_\_\_
3. Safety Data Sheets (SDSs) 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)
 

Biohazardous Waste	Spill Clean-up Kit	Biological safety cabinet	Electrophoresis equipment
Hazardous Chemicals	Sharps container	Gas cylinders	Select agents (specify)
Biohazardous Waste Containers	Autoclaves	Gloves	_____
Chemical Waste Containers	Centrifuge	Power tools	_____
Chemical Waste Containers	Fume hood	Hand tools	Other (specify)
Chemical Storage	Clean air bench	Pallet jack	_____
	UV light source	Fork lift	_____

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor or USO Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_