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.

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Department: ___________________________</th>
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<tbody>
<tr>
<td>Eraider Name: ______________________</td>
<td>Status (circle one): Employee  Volunteer  Student</td>
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<tr>
<td>Campus (circle one): Abilene  Amarillo  Dallas  Lubbock  Managed Health Care  Midland/Odessa</td>
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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
   - Hazardous Chemicals
   - Biohazardous Waste Containers
   - Chemical Waste Containers
   - Chemical Storage
   - Spill Clean-up Kit
   - Sharps container
   - Autoclaves
   - Fume hood
   - Clean air bench
   - UV light source
   - Biological safety cabinet
   - Gas cylinders
   - Gloves
   - Power tools
   - Hand tools
   - Pallet jack
   - Fork lift
   - Electrophoresis equipment
   - Select agents (specify)
   - Other (specify)

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.