

Name: _____

Company: _____

Date: _____



SAFETY ORIENTATION PACKET

Project Manager: _____

2017

INTRODUCTION

Welcome!

In this document, you will find items of importance to guide you towards a healthy, long-lasting employment relationship. Whether you are an employee, subcontractor, or visitor, everyone is required to thoroughly review and understand the site orientation, to ensure safety in a high-risk environment, while visiting or employed with Leeward Renewable Energy.

Enclosed, you will find emergency contact information with important numbers in relation to your specific site. Before touring or beginning work, you will be informed of the many hazards that may be experienced during such visit or work performed as well as shown where the mustering area is located for emergency purposes.

Upon reviewing the presentation, you will be required to sign the "Release and Indemnification" (if you are visiting), "Site Orientation Acknowledgement" and provide your emergency contact information at the end of the packet. Thank you for your cooperation!

Thank you,

Leeward Renewable Energy, LLC



**SAFETY ORIENTATION COMPLIANCE STATEMENT
ACKNOWLEDGMENT OF RECEIPT**

PLEASE READ, SIGN, DATE AND RETURN THIS SHEET
Leeward Plant Manager.

This is to acknowledge that I have reviewed a copy of the Leeward Site Orientation which supersedes all prior documents of its kind. I understand that it contains important information on the general safety policies of the Company and on my privileges and obligations as a person working at this facility or visiting.

I will familiarize myself with the material in the Site Orientation and understand that I am governed by its contents. I further understand that neither this Site Orientation nor any other communication by a management representative is intended to in any way create a contract of employment, either express or implied.

Print Name

Date

Signature

Company



EMERGENCY CONTACT INFORMATION

Employee: _____ Date: _____

Home #: _____ Work #: _____ Cell #: _____

Relevant allergies (e.g. penicillin, bee-stings, foods, etc.) If none, write "N/A".

CONTACT INFORMATION IN ORDER OF PREFERENCE

Name: _____

Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Name: _____

Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

OTHER INFORMATION FOR FIRST RESPONDERS (IF ANY):

