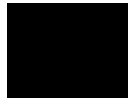


CONTRACTOR PRE-JOB SAFETY ORIENTATION REPORT



Location:		Cintas Job Representative:	
Contractor Company Name:		Contractor Representative:	
Contractor Telephone:		Contractor Address:	
Location work will be performed:		Number of employees on site:	
Length of project	Estimated Days	Brief description of work:	
Normal work hours:	AM to	PM	Subcontractors:
Special equipment:			

Valid Certificate of Insurance and Additional Insured Endorsement on file:

YES or NO

NOTE: Any contractor or contract employee has the authority to stop any unsafe act and halt the activity until resolved.

A. Topics Discussed During Orientation:

<input type="checkbox"/> Orientation requirements	<input type="checkbox"/> Excavations / trenching / shoring	<input type="checkbox"/> Lead in construction	<input type="checkbox"/> Security requirements
<input type="checkbox"/> Accident / Injury reporting	<input type="checkbox"/> Fall protection	<input type="checkbox"/> Noise / hearing conservation	<input type="checkbox"/> Training requirements
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Fire prevention & protection	<input type="checkbox"/> Personal protective equipment (PPE)	<input type="checkbox"/> Safety observation requirements
<input type="checkbox"/> Chains, Cables & Slings	<input type="checkbox"/> First aid & Bloodborne pathogens	<input type="checkbox"/> Powered Industrial Trucks	<input type="checkbox"/> Welding safety
<input type="checkbox"/> Confined space entry	<input type="checkbox"/> Hazardous atmospheres	<input type="checkbox"/> Protection in place locations	<input type="checkbox"/> Work clothing
<input type="checkbox"/> Drug / alcohol & firearm	<input type="checkbox"/> Hazardous energy control LO/TO	<input type="checkbox"/> Regulatory inspections	<input type="checkbox"/> Worksite safety
<input type="checkbox"/> Electrical safety	<input type="checkbox"/> Hot Work permits	<input type="checkbox"/> Respiratory equipment	<input type="checkbox"/> Other:
<input type="checkbox"/> Emergency alarm & evacuation	<input type="checkbox"/> Identification of hazard materials	<input type="checkbox"/> Roof Access Permit system	<input type="checkbox"/> Other:
<input type="checkbox"/> Environmental	<input type="checkbox"/> Job hazard analysis / assessment	<input type="checkbox"/> Scaffold & ladder requirements	<input type="checkbox"/> Site-specific procedures

B. Cintas chemicals to which contract employees may be exposed:	1.	2.
	3.	4.

Were SDS sheets provided to the Contractor? **Yes No N/A** Location of SDS File:

(If No, the Company representative informed the Contractor of the location of the facility's SDS files and provided the Contractor with access to the files.)

This list may not include all chemicals to which contract employees may be exposed.
Contractor is responsible for identifying all chemicals and for protecting contract employees from exposure to chemicals that are or are not on this list.

C. Contractor chemicals to which employees may be exposed:	1.	2.
	3.	4.

Were SDS sheets provided to the Company? **Yes No N/A**

Does Contractor have all required PPE, tools and equipment required to safely perform the job? **Yes No N/A**

Were known existing site hazards discussed? **Yes No N/A**

Contractor is responsible for obtaining all required PPE, tools and equipment prior to conducting any work.

D. List known existing site hazards:	1.	2.
	3.	4.

Note: Site hazards may include:

- Hazardous Atmospheres
- Chemicals/Materials that may present a fire hazard or an exposure hazard
- Equipment used simultaneously in area where Contractor will be working
- Ground and overhead hazards, such as pits, trenches, electrical lines and booms

Contractor is not relieved of its duty to exercise due care while on Company job site or while performing work for Company and is responsible for all site hazards caused or created by Contractor.

Contractor orientation conducted by: _____ **Date:** _____

Contractor Representative(s): _____ **Date:** _____

CONTRACTOR SAFETY & ENVIRONMENTAL ORIENTATION DOCUMENT

By signing below I acknowledge that I have received a Contractor Safety orientation. I acknowledge and agree to comply with all Cintas Safety & Environmental requirements along with any Site-specific rules while on Cintas property or job site.

CONTRACTOR NAME:			
EMPLOYEE NAME	SIGNATURE	EMERGENCY CONTACT NUMBER	DATE

Detailed Project Work Activities



Date	Scheduled Activity

Location Review and Approval

Name	Signature
General Manager	
Plant Manager	
Maintenance Engineer	
Local S&H Coordinator	