

Texas Tech University Health Sciences Center El Paso
Operating Policy and Procedure

**TTUHSC El Paso New Employee Safety Orientation Program (NESOP)
Level 2 – Site-Specific Information**

Welcome to Texas Tech University Health Sciences Center El Paso. As part of an ongoing effort to maintain a safe work environment for TTUHSC El Paso employees and students, the Department of Safety Services 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 the Safety Services office within five days of completing New Employee Orientation.**

Name: _____ Department: _____

eRaider: _____ Status (circle one): Employee Volunteer Student

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 station (in lab) _____

H. Safety shower (in lab) _____

3. Chemical Safety Data Sheet (SDS) can be accessed _____

4. Department 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 OP75.16 Fire and Life Safety; including the content of both Attachment B and D.

8. I have been made aware of the following hazards in my area (*circle all that apply*). Additional training will be provided by responsible personnel as needed.

- | | | |
|------------------|---------------------------|----------------------------------|
| Sharps container | Centrifuge | Biohazard waste |
| Hazard chemicals | Fume hood | Gas Cylinders |
| Gloves | Biological safety cabin | Select agents (specify)
_____ |
| Pallet jack | Clean air bench | Other (specify)
_____ |
| Forklift | UV light source | _____ |
| Power tools | Electrophoresis equipment | _____ |

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR or USO SIGNATURE: _____ DATE: _____