**SAFETY ORIENTATION**

**DBE/CONTRACTOR ACKNOWLEDGMENT**

All Design-Build Entity (“DBE”)/Contractor’s and Subcontractor(s), including their workers are required to complete a project specific health and safety orientation conducted by the DBE/Contractor’s on-site safety representative and/or DBE/Contractor project supervisor. DBE/Contractor conducts the safety orientation including but not limited to, LACCD Safety Video, site safety and health objectives, standards and expectations, completed by the DBE/Contractor for workers coming to the site. The DBE/Contractor is solely responsible for the safety of its work force including its Subcontractor(s).

By this acknowledgment, LACCD expects the DBE/Contractor to comply with the LACCD safety and health standards, the applicable FED/OSHA and CAL/OSHA standards, and all other applicable federal, state and local standards.

I hereby acknowledge that the DBE/Contractor has received a site specific, safety orientation provided by the BuildLACCD Regional Safety Manager including, but not limited to, OCIP requirements and the DBE/Contractor requirements as detailed in the Division 01 Specifications, Section 01 3150.

I acknowledge that the DBE/Contractor is solely responsible for conducting subsequent safety orientations to its workforce including its Subcontractors, for the safety of its workforce, and for its workforce’s understanding and compliance with the safety and health standard, including signing the attached DBE/Contractors Employee Acknowledgment/Registration form.

I further acknowledge that failure by the DBE/Contractor or its Subcontractor(s) to comply with these LACCD safety and health standards, and all applicable FED/OSHA and CAL/OSHA standards, and Federal Drug-Free Workplace Act of 1988, and all other applicable federal, state and local standards, may result in the DBE/Contractor being restricted from working on an LACCD project.

This Acknowledgment and the Contractor’s Workforce Acknowledgment – Registration shall be in effect for the duration of the contract.

**Name of DBE/Contractor’s Safety Representative:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  |  |  |
| PRINT NAME | |  | SIGNATURE |  | DATE |
| Job Title: |  | | | | | |
| Phone Number: |  | | | | | |
| DBE/Contractor: |  | | | | | |