**SAFETY ORIENTATION**

**DBE/CONTRACTOR ACKNOWLEDGEMENT**

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 site superintendent. 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 acknowledgement, 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 is solely responsible for the safety of its workforce including its Subcontractor(s) and its workforce understands and will comply with the safety and health standard, including signing the attached DBE/Contractors Employee Acknowledgement/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 Acknowledgement and the Contractor’s Workforce Acknowledgement – Registration shall be in effect for the duration of the contract.

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

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

Subcontractors:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |