**SAFETY ORIENTATION**

**DBE/Contractors Employee Acknowledgement/Registration**

Acknowledges that I am aware of my safety requirements provided by my employer. I understand the applicable rules and regulations and acknowledge they may not cover all possible hazards and situations including Cal-OSHA. I have seen the BuildLACCD safety orientation video and I am aware of the Alternative Dispute Resolution Program. I will read and abide by all rules and regulation and any additional rules and regulation of my job as provided by my supervisor and employer. I understand that working safely, complying with and obeying all project safety rules, regulations, or standards, that failing to do so, I am subject to disciplinary action including removal from this program.

|  |  |
| --- | --- |
| Your Company Name |       |
| Print Your Full Name |       |
| Your Signature |  | Date |       |
| Your Craft or Position |       |
| Witnessed By (Supervisor) |       |  |  |  |  |  |       |
|  |  |  |  |  |  | Print Name |  |  |  |  | Signature |  | Date |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Personal Data (Please Print) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Your Name |       |  |
|  | Permanent Address |       |  |
|  |  |  |  |  |  |  |  |  |  | Street |  |  |  |  |  |  |  |  |
|  |       |       |       |  |
|  |  |  |  |  | City |  |  |  |  |  |  | State |  |  | Zip |  |
|  | Mailing Address (if different) |       |  |
|  |  |  |  |  |  |  |  |  |  | Street |  |  |  |  |  |  |  |  |
|  |       |       |       |  |
|  |  |  |  |  | City |  |  |  |  |  |  | State |  |  | Zip |  |
|  | Telephone Number |       |  |
|  | Birth Date |       | Height & Weight |       |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

The person whose name appears above is authorized to receive a LACCD construction

Identification badge issued by the campus Sheriff

Alternative Dispute Resolution Program

Ombudsman – Mark Duranty

949.675.8653, ext. 1

infor@exceeladr.com