**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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| College | | | | | |  | | | | | | | | | | | | | | | |
| Project/Subproject Name | | | | | |  | | | | | | | | | | | | | | | |
| Project/Subproject No. | | | | | |  | | | | | | | | | DSA No. | | |  | | | |
| 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) | | | | | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  | 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

info@exceladr.com