

ARPAC Contractor Safety Orientation

1. General Info

Contractors **performing work at an ARPAC location** require a site briefing of the hazards by their qualified ARPAC representative. Visitors may also use this form but must be accompanied by an ARPAC representative at all times.

| | |
|-----------------------|-------|
| Branch Location: | Date: |
| Contractor Company: | |
| Work to be Performed: | |

2. Topics to Review (Check each topic covered)

Facility Layout and Emergency Response Information

- | | |
|--|---|
| <input type="checkbox"/> Location of Washrooms | <input type="checkbox"/> Location of First Aid |
| <input type="checkbox"/> Office Hours | <input type="checkbox"/> Emergency Contact Name and Phone Number |
| <input type="checkbox"/> Emergency Exits | <input type="checkbox"/> Evacuation procedure and muster point location |

Site-Specific Hazards:

- | | |
|---|---|
| <input type="checkbox"/> Moving equipment - lift trucks, vehicles | <input type="checkbox"/> Hot/Cold - hot welds, cold exterior temperature |
| <input type="checkbox"/> Radiation - welding torches | <input type="checkbox"/> Pressure - excessive noise, compressed gas cylinders |
| <input type="checkbox"/> Electrical - exposed wires, electrical machinery | <input type="checkbox"/> Biological - coronavirus/COVID-19 |
| <input type="checkbox"/> Fall hazards - workers above, dropped objects, forks on ground level | <input type="checkbox"/> Other hazards not listed: _____ |

PPE Requirements (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Foot Protection – CSA-approved steel toe boots | <input type="checkbox"/> Head Protection – CSA-approved hardhat |
| <input type="checkbox"/> High-Visibility Vest | <input type="checkbox"/> Respiratory Protection – dust mask, N95, half-mask respirator with filters, etc. |
| <input type="checkbox"/> Hand Protection – gloves (nitrile, leather, etc.) | <input type="checkbox"/> Fall Protection |
| <input type="checkbox"/> Eye Protection – CSA-approved safety glasses, face shield | <input type="checkbox"/> Other PPE not listed: _____ |

3. Permitting (Check all that apply)

- Hot Work Permit

4. Additional Info

5. Orientation Sign Off

Contractor Sign Off

By signing this Safety Orientation form, I understand and acknowledge the hazards, controls, and emergency procedures on this worksite. If I am unsure about any safety-related issues, I will contact my Arpac Representative immediately.

| Contractor's Name (PRINT CLEARLY) | Contractor's Signature | Phone # |
|--------------------------------------|------------------------|---------|
| | | |
| | | |
| | | |
| | | |

Arpac Sign-Off

By signing this Safety Orientation, I have explained the hazards, controls, and emergency information to the Contractor/Visitor.

| Arpac Representative's Name | Arpac Representative's Signature |
|-----------------------------|----------------------------------|
| | |