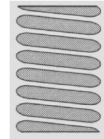


Duer/Carolina Coil, Inc.
Form
F10165.Vendor Safety Orientation



Vendor Name: _____
 Vendor Representative: _____ Phone Number: _____
 Description of Work Performed at Duer/Carolina Coil: _____

The following Safety Policies apply to this vendor and the vendor has copies to ensure the vendor complies with all applicable requirements and programs. The vendor may substitute their own policy if it exceeds the requirements of Duer/Carolina Coil.:

Policy	Vendor Representative Initials	Duer/Carolina Coil Representative Initials
Personal Protective Equipment*		
Safety Incident Handling Process*		
Emergency Evacuation*		
Lock Out - Tag Out		
Blood-borne Pathogens		
Fire Prevention Plan		
Hearing Conservation Program		
Hazard Communication		
Forklift Operations		
Cutting Torch Operations		
Confined Space Entry		
Storm Water Pollution Prevention Plan		
Boom Lift Operations		

* All vendors must comply with these instructions.

Proof of Insurance Attached: _____

Additional Safety Requirements: _____

I, the undersigned, understand the applicable above policies and will ensure that all representatives of the vendor comply with Duer/Carolina Coil's requirements while performing work at Duer/Carolina Coil. _____ (Vendor Name) will follow all general and safety rules of the facility and will report any unsafe conditions or safety incidents immediately to the appropriate Duer/Carolina Coil personnel. All vendor personnel operating vehicles owned by Duer/Carolina Coil will be trained and certified by Duer/Carolina Coil.

 Vendor Representative Signature Date

 Company Representative Date

Revision: 2 Number:F10165 Page 1 of 1		Date	Name	Initials
	Owner	7/12/10	Rick Eitel	re
	Created	7/12/10	Sam Dover	sd
	Released	7/12/10	Steve Wunder	sw
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