Contractor Orientation Logsheet

Use a separate form for each contract company

PLEASE PRINT CLEARLY

Company Name:

Address:

Date:

Telephone Number:

Fax Number:

Supervisor's Name:

Orientation Led By:

Plant Location: ☐ Thilmany ☐ Nicolet ☐ Mosinee ☐ Rhinelander

Type of Work

☐ Maintenance/Construction ☐ Service/Admin

I certify that I have received safety orientation for contractors of Ahlstrom. I agree to abide by said rules prior to performing any work at any Ahlstrom facility. I understand that failure to comply with the safety and health rules and procedures places myself, my coworkers, and Ahlstrom employees at risk and may be subject to disciplinary action up to and including removal from the job site.

Liability Waiver for Ahlstrom Furnished Equipment
(MUST BE SIGNED BY EVERY CONTRACTOR EMPLOYEE USING AHLSTROM EQUIPMENT)

Ahlstrom recognizes that in the course of doing business it may be necessary to furnish equipment to contractors to assist them in completing their work. Ahlstrom will provide equipment with the understanding that Ahlstrom is in no way liable or responsible for any injuries that may occur to contract employees. As a contractor employee and/or representative you acknowledge the following:

1. I assume all risks of loss or damage to the Ahlstrom Furnished Equipment from any cause, and agree to return it to Ahlstrom in the condition received from Ahlstrom with the exception of normal wear and tear. I acknowledge that the Ahlstrom Furnished Equipment is provided “as is” and I use it at my own risk.

2. I acknowledge the Ahlstrom Furnished Equipment may only be used and operated in a safe and proper manner by qualified individuals and agree to use it in accordance with all laws, ordinances, and regulations.

3. I have all the necessary training and hold all necessary registrations and licenses required to possess, operate, use and control the Ahlstrom Furnished Equipment.

4. I will inspect all Ahlstrom furnished equipment prior to use and notify Ahlstrom of any deficiencies. I release and will hold Ahlstrom and Ahlstrom employees harmless from and against any and all claims that may arise in connection with my use of the Ahlstrom furnished equipment.

	PLEASE PRINT		Signature	Check if Thilmany mill Restricted Access and Manlift Training was Completed
	First Name	Last Name		
1				☐
2				☐
3				☐
4				☐
5				☐
6				☐
7				☐
8				☐