Trucking Personnel Safety Orientation-Mosinee Plant

Name:_____

Company: _____

Phone # _____

Please initial after each topic stating that you have viewed and understand the content presented.

1. Trucking Personnel Safety Orientation Requirements ____
2. Directions & Plant Access ____
3. Alcohol, Drugs, Explosives, & Firearms ____
4. Tobacco, PPE, Clothing, Hair, & Jewelry Policy ____
5. Cell Phone Policy ____
6. Harassment Policy ____
7. Emergency Information ____
8. Reporting Injuries & Illnesses ____
9. Fire & Chemical Emergencies ____
10. Evacuation & Severe Weather Procedures ____
11. Restricted Areas ____
12. Blue Flag ____
13. Hazard Communication ____
14. Signs, Signals and Barricades ____
15. Serious Violations ____

I certify that I have received the safety orientation training for trucking personnel of Ahlstrom Munksjö – Mosinee Plant. I agree to abide by said rules when visiting the Mosinee Plant. I understand that failure to comply with the elements of the safety rules is grounds for removal as a trucking company. I have received training due to the company's efforts to comply with OSHA's training regulations.

Ahlstrom Munksjö – Mosinee Plant at any time reserves the right to conduct safety audits and to see trucking company employee records of training.

Signature:_____

Date:_____

Return completed form to Mosinee Plant security.