NSLS Department New Employee/Guest Orientation **MINOR**

Employee/Guest Name: Life/Guest No.: Start Date:

Department/Division: National Synchrotron Light Source Dept/Div. Code: 103 End Date:

Supervisor: Ext.:_____ Bldg. No.:

Affiliation: Phone:_____ DOB:

Administration

1. General orientation/check-in at Education Office, Bldg. 438, Brookhaven Ave. _____ Signature Date

2. Eileen Morello, NSLS, Room 2-104, x2145 (Appt's made (Y/N); "Minor Student Authorization..." form completed / signed / forwarded to HR with GIS application (Y/N); BNL ID card (Y/N); PFI memo (Y/N). _____ Signature Date

3. BNL identification card; Bldg. 30 _____ or LSU office _____ _____ ID Rep. Signature Date

4. IH Rep / Supervisor's briefing on job / work location specific hazards and must comp lete Safety Training requirements (below and on reverse page) _____ IH Rep / Supervisor's Initials Date

5. Training Coordinator's Briefing - *Must meet with Eva Rothman, ext. 2295, Rm. 2-182, Bldg. 725D. Appt.* _____ _____ Training Coordinator's Signature Date

6. Light Source User Admin Office: Register as User ? (Y/N) Temp TLD issued (Y/N); ID badge encoded *(if IH briefing and Rad training done)* _____ User Admin. Signature Date

7. Personal File Information Memo received; Info input to guest system *Eileen Morello, ext. 2145, Rm. 2-104, Bldg. 725B* _____ Signature Date

8. PC Administrator - Copy of Lab ID for computer account and e-mail *Al Levine, ext. 4707, Rm. 2-113, Bldg. 725B* _____ Signature Date

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General Employee and Radiological Training

	Supervisor Init.	*Date Competed*	*Instructor Init.*
1. General Employee Training (GET) ***Building 703*** Mon 1pm	_____	_____	_____
2. Radiological Training: **SUPERVISOR SELECT ONE**	_____	_____	_____
☐ GERT: General Employee Radiological Training (HP-RWT001) on the Web			
☐ Radiological Worker I (HP-RWT002)			
3. NSLS Safety Module (web course)	_____	_____	_____
☐ For Beamline Users, non-resident (User Safety Module, LS-ESH-ORIENTATION on the Web)			
☐ For NSLS Scientific/Technical Staff, and any resident Beamline Staff (Staff Safety Module, LS-ESH-SCITECH on the Web)			
☐ Not Applicable (administrative/computer work only, and minimal time spent on Experimental Floor)			

4. Previous BNL safety training is valid. (Indicate valid courses & completion dates in #'s 1-3 above & on page 2) _____ Training Coordinator's Signature Date

☐ Additional Training is Required (If box is checked, see other side of this page for courses)

I have undergone the ESH Briefing & NSLS Facility Specific Safety Orientation and will abide by the safety rules and procedures of the NSLS outlined in the Orientation and by the Industrial Hygienist. _____ Minor's Signature Date

RETURN FORM TO EILEEN MORELLO AFTER COMPLETION -- WITHIN 2 WEEKS OF START DATE

Rev. Date: 10/20/2004
cc: E. Rothman, LS User Office, Employee File http://nslsweb.nsls.bnl.gov/nsls/training/Tr-Policy/Orient-frm-minor.pdf