

PASSAIC VALLEY SEWERAGE COMMISSION

Sign in Sheet

Course: Contractor Safety Orientation

Location:

Trainer:

Date:

Time:

The below undersigned personnel acknowledge receipt of the above subject training

	Name (please print legibly)	Company	Brief Project Description	Date of Birth	Contract #	Cell Phone
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Upon completion of training, email this sign in sheet to pvsctraining@pvsc.com. On the first day at PVSC, contractor employees must report to the Security Building to obtain orientation hard hat sticker, vehicle barcode and pvsc contractor identification card, if applicable.

CONTRACTOR INFORMATION SHEET

Name:	Please Print Clearly	
Email Address:		DOB:
Address:		
City:		State:
License #		License State:
License Expiration Date		<ul style="list-style-type: none"> Driver Passenger Pedestrian
Vehicle Model:		
Vehicle Plate:		Vehicle Registration:
Insurance Policy #		
Contractor:		Contract #
Cell Phone Number:		Contractor Orientation Date:
<i>Office Use ONLY:</i>		
Barcode #		Parking Permit Issued: _____
ID Card #		
Everbridge ID#		

**** Please make copy of License, Vehicle Registration, and Vehicle Insurance Card**