

## CONTRACTOR EMPLOYEES ENTRY CHECKLIST

1. Name:	2. SSN:
3. Hire Date:	4. Company Name:

The Employee shall keep this form with him until each Activity has been completed, initialed by FDF and his permanent ID badge has been issued. This form will then be turned over to the FDF training coordinator.

Activity Required	5. Yes	5. No	6. Schedule Date	7. Time	8. Location	9. FDF initial & Date
Complete Access Request Form						
Complete Drug Screen (Leave Sample)						
Complete Site Worker Training						
Complete Construction Rules & Regulations						
Complete General Employee Training (GET)						
Complete Radiological Worker I Training						
Complete Radiological Worker I Practical						
Complete Radiological Worker II Training						
Complete Radiological Worker II Practical						
Respirator Training						
Complete Medical Evaluation Part 1						
Complete Medical Evaluation Part 2						
Complete INVO						
Pick up Permanent ID Badge						
Pick up dosimeter.						

10. Comments:

<b>FDF Security Signature</b>	<b>Date</b>	<b>Activity</b>	<b>Phone No.</b>
11.	12.	13.	14.

## INSTRUCTIONS FOR COMPLETING THE CONTRACTOR EMPLOYEES ENTRY CHECKLIST:

Prior to performing work at the FEMP the Contractor or his subcontractor employees shall complete the Contractor Employees Entry Check list.

The Contractor employee shall complete the scheduled activity as required by the Entry Check list and have the Fluor Daniel Fernald (FDF) person responsible for the activity initial and date the form.

The Contractor employee shall complete the scheduled training requirements as identified on the Entry Check list and have the Fluor Daniel Fernald (FDF) person responsible for the training initial and date the form.

The following instructions are for completion of the Contractor employees entry check list.

Contractor employee shall enter the following information.

1. Enter name.
2. Enter Social Security Number.
3. Enter hire date.
4. Enter company name.

Fluor Daniel Fernald complete the following:

5. Mark Yes or No block for required activity or training. (This information should be taken from the employee's access form submitted by the Contractor).
6. Enter date training or activity is scheduled for.
7. Enter time activity or training is scheduled for.
8. Enter Location of activity or training.
9. FDF Instructor or coordinator shall initial and date.
10. Enter any comments.
11. Sign signifying contractor has completed the activity or training.
12. Enter date.
13. Issue Permanent ID Badge.
14. Enter Phone Number.