

OCCUPATIONAL SAFETY, HEALTH AND ENVIRONMENTAL UNIT OF HOSPITAL TELUK INTAN

New Employee Safety Orientation Application Form

Employee Name:	Date hired:	Orientation date:
Job Title:	Unit Name:	
check one: <input type="checkbox"/> New employee <input type="checkbox"/> Transfer <input type="checkbox"/> Contractor <input type="checkbox"/> Part time <input type="checkbox"/> Student		
Requesting Department: Official Chop		
Name of Company/ Position/ Individual:		
Number of Participants:		
Date and time Requested:		
Date of Starting Job:		
Date of Ending Job(If applicable):		
Any special Request if applicable:		
Date the Document Received by OSHE unit:		
Comments(For OSHE/ UKKP Use only)		
Validated By(For OSHE/ UKKP Use only),		