BASF
CONTRACTOR SAFETY ORIENTATION

Check type(s) of orientation needed:

BASF Site-Specific Basic Plus Basic Plus Refresher Rebadge

Date of Orientation

Company	**Prime Contractor (if Subcontractor)**

Project	**Estimated Project Completion Date**

Company Phone Number	**Company Fax Number**	**Company Email Address**

BASF Rep Signature/Phone Number	**Contractor Representative Signature**

NOTE: The BASF Representative approving this form is responsible for ensuring that the contractor company is approved to work on site and that the company has up-to-date insurance and Hold Harmless information on file in the Procurement Department. The BASF Representative is also responsible for ensuring that required background checks have been performed on all employees to be badged and that BASF Security has been given the required background check information.

INSTRUCTIONS: Type or print the Name, Social Security Number and Sensor Card Number (if applicable) of each person who will attend orientation.

Name (Last, First, MI)	Social Security Number	Sensor Card #	Signature (After Orientation)