



Contractor Orientation Logsheet

Use a separate form for each contract company

PLEASE PRINT CLEARLY

Company Name:
 Address:

Date:
 Telephone Number:
 Fax Number:
 Supervisor's Name:
 Orientation Led By:

Type of Work

Maintenance/Construction Service/Admin

Mill Location: Thilmany Nicolet
 Mosinee Rhinelander

I certify that I have received safety orientation for contractors of Expera Specialty Solutions. I agree to abide by said rules prior to performing any work at any Expera facility. I understand that failure to comply with the safety and health rules and procedures places myself, my coworkers, and Expera Specialty Solutions employees at risk and may be subject to disciplinary action up to and including removal from the job site.

**Liability Waiver for Expera-Furnished Equipment
 (MUST BE SIGNED BY EVERY CONTRACTOR EMPLOYEE USING EXPERA EQUIPMENT)**

Expera Specialty Solutions (Expera) recognizes that in the course of doing business it may be necessary to furnish equipment to contractors to assist them in completing their work. Expera will provide equipment with the understanding that Expera is in no way liable or responsible for any injuries that may occur to contract employees. As a contractor employee and/or representative you acknowledge the following:

1. I assume all risks of loss or damage to the Expera-Furnished Equipment from any cause, and agree to return it to Expera in the condition received from Expera with the exception of normal wear and tear. I acknowledge that the Expera-Furnished Equipment is provided "as is" and I use it at my own risk.
2. I acknowledge the Expera-Furnished Equipment may only be used and operated in a safe and proper manner by qualified individuals and agree to use it in accordance with all laws, ordinances, and regulations. I have all necessary training and hold all necessary registrations and licenses required to possess, operate, use and control the Company-Owned Property.
3. I have all the necessary training and hold all necessary registrations and licenses required to possess, operate, use and control the Expera-Furnished Equipment.
4. I will inspect all Expera-furnished equipment prior to use and notify Expera of any deficiencies. I release and will hold Expera and Expera employees harmless from and against any and all claims that may arise in connection with my use of the Expera-furnished equipment.

	PLEASE PRINT		Signature	Check if Thilmany Mill Restricted Access and Manlift Training was Completed
	First Name	Last Name		
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>
5				<input type="checkbox"/>
6				<input type="checkbox"/>
7				<input type="checkbox"/>
8				<input type="checkbox"/>