

Visitor Safety Induction Template

Complete

Score	1 / 1 (100%)	Flagged items	0	Actions	0	
Organization Name Weymouth Corporati						
Site Location	1				eymouth, MA 02190, USA 0431999999, -70.9365981)	
Date and Tin	ne of Visit			25.07.20)25 15:00 PST	
Visitor Name	e			Geo	vanny Strosin	
Company Represented (if any)				Soldotna Manufacturing		
Purpose of Visit				Vendor oversight		
Host Name/Department				Rosalee Wintheiser		
Visitor Phot	o (Optional)					

Photo 1

Visitor Safety Induction

1 / 1 (100%)

Welcome & Induction Purpose

Welcome to [Organization Name]. Your safety is our priority. This induction outlines essential safety procedures, site rules, and emergency actions to ensure your visit is safe and compliant with workplace standards.

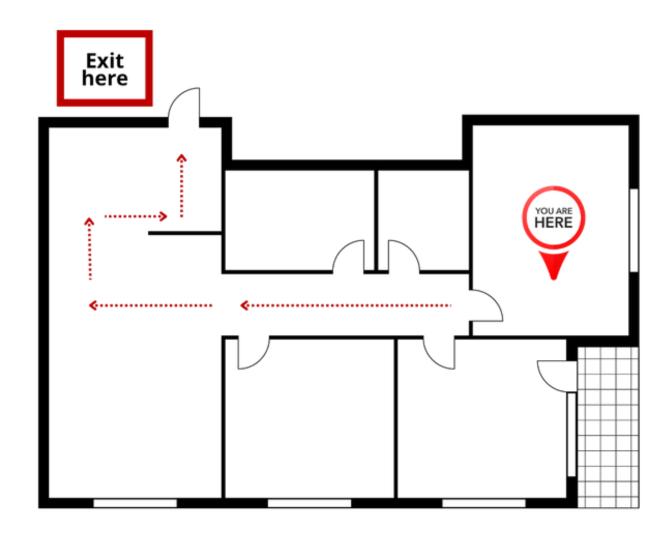
Site Rules & Behavior

Please confirm your understanding of the following:

I will stay within authorized areas at all times.	Agree
I will follow all instructions from site personnel.	Agree
I will not use mobile phones in operational zones.	Agree
I will report any unsafe conditions immediately.	Agree
I acknowledge and agree to comply with site rules.	Agree
Emergency Procedures	

In case of fire or other emergencies, follow the nearest marked exit and proceed to the designated assembly point.

[Insert a site map image here, similar to the example below.]



I understand the emergency procedures for this site.	Agree
Personal Protective Equipment (PPE)	
Required PPE for this visit (check all that apply)	Safety Helmet
I have received and will wear the required PPE.	Agree
I understand how to use the issued PPE correctly.	Agree
Hazards & Site-Specific Risks	

Please take note that you may be exposed to the following on-site risks:

- Vehicle Movement and Forklift TrafficSlippery or Uneven Surfaces

- Noise above 85dB
- Chemical Storage Areas (Clearly Marked)
- Work at Height (Restricted to trained personnel)

I understand the site-specific risks and will proceed with caution.

Agree

Health & Medical Disclosure

For your safety, please disclose any condition that may affect your visit (e.g., Asthma, Pacemaker, Allergies).

Do you have any medical conditions we should be aware of?

Yes

Please indicate your medical conditions below.

High blood pressure

Record Maintenance (ISO 9001:2015 7.5)

1 / 1 (100%)

Please note that all visitor logs and PPE records will be stored in a secure, searchable digital archive, accessible only to authorized personnel in compliance with ISO 9001:2015 documentation requirements.

I consent to the storage and use of my induction and visit records for safety and compliance purposes.

Agree

Completion Page

Expected Time Out 16:00 PST

Site Host Confirmation

Rosalee Wintheiser

Rosalee Wintheiser 25.07.2025 15:32 PST

Visitor Signature

Geovanny Strosin
Geovanny Strosin
25.07.2025 15:34 PST

Thank you!

You have successfully completed the Visitor Safety Induction.

Please proceed to the reception desk or your host for site access. Remember to sign out upon exit.

Media summary



Photo 1