

HEALTH AND SAFETY INDUCTION CHECKLIST – PERMANENT WORKSITE

Inductee details

Surname:	First name(s):
<i>Please select which employment status represents the type of inductee</i>	
<input type="radio"/> Worker	<input type="radio"/> Labour hire worker <input type="radio"/> Contractor <input type="radio"/> Volunteer/visitor
Manager:	
Department/supervisor assigned to:	
Date commenced:	

Inductee item checklist

Inductor and worker to initial when each item is completed	Inductor	Worker
Qualifications established and recorded	<input type="radio"/> Yes	<input type="radio"/> N/A
Shown the location of first aid facilities and first aid attendants	<input type="radio"/> Yes	
Shown the fire extinguisher location in work area	<input type="radio"/> Yes	
Permanent worksite evacuation procedures explained	<input type="radio"/> Yes	
<ul style="list-style-type: none"> Assembly point and evacuation route Emergency wardens and their locations Provision for emergency communications 		
Shown kitchen amenities, toilets and drinking water	<input type="radio"/> Yes	
Issued protective equipment/safety gear (PPE)	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none"> Boots/shoes – size ____ Shirt/pants Hard hat Gloves – general and insulating Reflective vest or clothing Overalls Safety glasses Other (please detail): 	<input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes <input type="radio"/> Yes	<input type="radio"/> N/A <input type="radio"/> N/A <input type="radio"/> N/A <input type="radio"/> N/A <input type="radio"/> N/A <input type="radio"/> N/A <input type="radio"/> N/A

Inductee item checklist *continued*

<i>Inductor and worker to initial when each item is completed</i>		Inductor	Worker
Initial introduction to immediate work environment	<input type="radio"/> Yes <input type="radio"/> N/A		
Inductee introduced to:			
• Manager	<input type="radio"/> Yes <input type="radio"/> N/A		
• Supervisors	<input type="radio"/> Yes <input type="radio"/> N/A		
• Administration	<input type="radio"/> Yes <input type="radio"/> N/A		
Site specific hazards and risk assessments explained	<input type="radio"/> Yes <input type="radio"/> N/A		
Hazardous chemicals locations and procedures (storage, spills, SDS, etc)	<input type="radio"/> Yes <input type="radio"/> N/A		
Initial on-the-job training for daily routine	<input type="radio"/> Yes		
Machinery safety – significance/use of “Out of Service” and “Danger” tags explained	<input type="radio"/> Yes <input type="radio"/> N/A		
Check and copy all licenses, authorisations and permits etc required to carry out tasks	<input type="radio"/> Yes <input type="radio"/> N/A		
All site procedures including hours of work and security	<input type="radio"/> Yes		
Hazard/incident/near miss reporting procedures explained	<input type="radio"/> Yes		
The site non-smoking/smoking policy explained	<input type="radio"/> Yes		
The drugs and alcohol policy for the site explained	<input type="radio"/> Yes		
Work site policies, procedures and rules explained	<input type="radio"/> Yes <input type="radio"/> N/A		
Completed health and safety handbook –			
If no, then list procedures to be completed in the training table	<input type="radio"/> Yes <input type="radio"/> No		
Induction to safe procedures such as Safe Work Method Statements or Safe Operating Procedures relevant to position requirements			
If no, then list requirements to be completed in the training table	<input type="radio"/> Yes <input type="radio"/> No		

This induction checklist must accompany the new employee during the site induction process.

Declaration

I acknowledge that I, the undersigned, have been advised on all of the above listed items and understand the points discussed. Where appropriate, I also undertake to use and have been instructed in the correct usage of Personal Protective Equipment (PPE). I accept that compliance to safe work practices is a condition of my continued employment and also a requirement under the WHS legislation.

The inductor has reiterated the key points of this induction program and I understand the procedures involved.

I agree to participate and complete the training program that has been identified for me below.

Workers Name (Please print)

Signature

Date

Inductor's Name (Please print)

Signature

Date

Skills assessment

	Skill	Competent	Further Training	Comments
1	•	Y / N	Y / N	
2	•	Y / N	Y / N	
3	•	Y / N	Y / N	
4	•	Y / N	Y / N	
5	•	Y / N	Y / N	
6	•	Y / N	Y / N	
7	•	Y / N	Y / N	
8	•	Y / N	Y / N	
9	•	Y / N	Y / N	

☐

The above named worker has demonstrated competency in all skills and requirements of the position and is familiar with related legislation and licencing requirements.

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The above named worker requires further training and mentoring to improve their skills.

Comments:

Supervisor signature:

Worker signature: