**Induction Checklist**

|  |  |
| --- | --- |
| **Staff Member:** | **Role:** |
| **Person in Charge of Induction:** | **Role:** |
| **Employee Information** | * **Comment**
* **Expiry date**
* **Tick**

(complete as relevant) | **Staff Member** (sign or initial) | **Person in Charge of Induction**(sign or initial) | **Date****completed** |
| C.V. on file |  |  |  |  |
| Logbook on file |  |  |  |  |
| Current first aid certificate on file |  |  |  |  |
| Current qualifications / awards on file: | List awards and expiry dates |  |  |  |
| Current drivers licence |  |  |  |  |
| Documents completed:bank acctax formsmedical and emergency contact form  | Tick each one when done |  |  |  |
| **Employment Information** | * **Comment**
* **Expiry date**
* **Tick**

(complete as relevant) | **Staff Member** (sign or initial) | **Person in Charge of Induction**(sign or initial) | **Date****completed** |
| Employment contract terms and conditions discussed and understood |  |  |  |  |
| Job description, role and safety responsibilities understood (*refer to job description and organisation’s Role and Safety Responsibilities form)* |  |  |  |  |
| Uniform / kit issued and checked (including personal safety gear) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation Information** | * **Comment**
* **Expiry date**
* **Tick**

(complete as relevant) | **Staff Member** (sign or initial) | **Person in Charge of Induction**(sign or initial) | **Date****completed** |
| Organisation philosophy |  |  |  |  |
| Staff member introductions |  |  |  |  |
| Staff structure |  |  |  |  |
| Facilities familiarisation |  |  |  |  |
| **Safety management system** | * **Comment**
* **Expiry date**
* **Tick**

(complete as relevant) | **Staff Member** (sign or initial) | **Person in Charge of Induction**(sign or initial) | **Date****completed** |
| Safety management plan and relevant safe operating procedures read and understood |  |  |  |  |
| Reporting procedures understood:incidents hazardstrip/activity reports | Tick each one when done |  |  |  |
| Evacuation procedures of facility(s):fire exits and fire wardenssafe assembly area |  Tick each one when done |  |  |  |
| Location of facility based emergency equipment known (eg: fire extinguishers, first aid kits) |  |  |  |  |
| **Employee Declaration** | **Outcome***Please note if any of the below are* ***NO*** *then employee should not start work* | **Staff Member Signature** | **Manager Signature** | **Date** |
| I have read and understood the Safety Management System and agree to adhere to it | **Yes** | **No** |  |  |  |
| I am physically fit to undertake my job  | **Yes** | **No** |  |  |  |
| The information I have supplied is true and correct | **Yes** | **No** |  |  |  |