**Induction Checklist**

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| --- | --- | --- | --- | --- | --- |
| **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 acc  tax forms  medical 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) |  | |  |  |  |

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| **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  hazards  trip/activity reports | Tick each one when done | |  |  |  | |
| Evacuation procedures of facility(s):  fire exits and fire wardens  safe 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** |  |  | |  |