HEALTH AND SAFETY INDUCTION CHECKLIST

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| Manager: | | The Induction should be completed as soon as practicable after the employee commences, ideally on the first day and definitely within the first week. Tick off each topic as they are discussed, shown and or completed by you. |
| Employee: | Actively participate in the OHS Induction and when you are satisfied that all topics have been addressed, sign the employee declaration. | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **General Health & Safety** | | |  | **Emergency Information** | | | | | **Topic for discussion:** | | **✓ X** | **Topic for discussion:** | | | **✓ X** | | OHS Policy and Procedures Manual | |  | Emergency procedures & assembly point | | |  | | Talking safety: consultation & issue resolution | |  | Emergency procedures display | | |  | | Bullying, stress, workplace behaviour policies | |  | Emergency Contact Numbers display | | |  | | Smoke, alcohol and drug Policy | |  | Extinguisher location and type | | |  | | Welfare facilities | |  | First Aid kit and First Aider | | |  | | Return to Work after injury | |  | Off-site emergencies | | |  | |  | | |  |  | | | | | **Incident Prevention** | | |  | **Other OHS Training** | | | | | **Topic for discussion:** | | **✓ X** | **Topic for Discussion:** | | | **✓ X** | | Safe work practices (specific to role) | |  | Site Visits | | |  | | General housekeeping for safety | |  | Driving for work | | |  | | Incident and Hazard Reporting | |  | Risk Management | | |  | | Workplace Safety Inspections | |  | | Personal Protective Equipment | |  | | Chemical Safety | |  | | Electrical Safety (cords, power boards) | |  | | Ergonomic Assessments (Workstation set up) | |  | | Manual Handling | |  | | List other OHS related training which may be required (as per position/role): | | | | | | | | | | Clarification on any of the above topics should be sought from **[INSERT CONTACT/ROLE NAME HERE].** | | | | | | | | | | **Worker Declaration** | **My signature below indicates that the topics listed above have been discussed and understood** | | | | | | | | | Worker Name (Print) |  | | | | | | | | | Worker Signature |  | | | | Date |  | | | | Management Signature |  | | | | Date |  | | | | **This Checklist should be retained and filed in the Employee’s Personnel File** | | | | | | | | | | | |