



HSW INDUCTION CHECKLIST

Inductee details

Surname: _____ First name(s): _____

Please select which employment status represents the type of inductee

Worker Labour Hire Worker Contractor Volunteer/Visitor

Site: _____

Department assigned to: _____

Proposed Job Title: _____

Line Manager: _____

Inductor: _____

Date Commenced: _____

Inductee Item Checklist

<i>Inductor and Worker to initial when each item is completed</i>	Inductor	Worker
Qualifications established and recorded	<input type="radio"/> Yes	<input type="radio"/> N/A
Completed Company HSW Induction	<input type="radio"/> Yes	<input type="radio"/> N/A
Shown the location of first aid facilities and first aid attendants - compulsory	<input type="radio"/> Yes	<input type="radio"/> N/A
Shown the fire extinguisher location in work area - compulsory	<input type="radio"/> Yes	<input type="radio"/> N/A
Site Evacuation Procedures explained – compulsory	<input type="radio"/> Yes	<input type="radio"/> N/A
<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	<input type="radio"/> N/A
Issued protective equipment/safety gear (PPE)	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none">• Boots/shoes – size ____	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none">• Shirt/pants	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none">• Hard hat	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none">• Gloves	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none">• Reflective vest	<input type="radio"/> Yes	<input type="radio"/> N/A
<ul style="list-style-type: none">• Overalls	<input type="radio"/> Yes	<input type="radio"/> N/A

Inductee Item Checklist *continued*

• Safety glasses	<input type="radio"/> Yes	<input type="radio"/> N/A
• Other:	<input type="radio"/> Yes	<input type="radio"/> N/A
Initial Introduction to immediate work environment	<input type="radio"/> Yes	<input type="radio"/> N/A
Introduction to HSW Management System completed	<input type="radio"/> Yes	<input type="radio"/> N/A
Introduction to Company Project Management Plan completed	<input type="radio"/> Yes	<input type="radio"/> N/A
Inductee introduced to:		
• Site 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, SWMS, SOP's or risk assessments explained	<input type="radio"/> Yes	<input type="radio"/> N/A
Hazardous substances locations and procedures (storage, spills, SDS, etc.)	<input type="radio"/> Yes	<input type="radio"/> N/A
Initial on-the-job training for daily routine - compulsory	<input type="radio"/> Yes	<input type="radio"/> N/A
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 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	<input type="radio"/> N/A
Tour of work site provided	<input type="radio"/> Yes	<input type="radio"/> N/A
Accident/incident/near miss reporting procedures explained – compulsory	<input type="radio"/> Yes	<input type="radio"/> N/A
Is any specialised equipment required and has the inductee been trained to use this equipment	<input type="radio"/> Yes	<input type="radio"/> N/A
The site Non Smoking/Smoking Policy explained – compulsory	<input type="radio"/> Yes	<input type="radio"/> N/A
Work site procedures and rules explained	<input type="radio"/> Yes	<input type="radio"/> N/A
Responsibility, Authority and Accountability have been explained	<input type="radio"/> Yes	<input type="radio"/> N/A

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 access to the site and also a requirement under the HSW legislation.

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

Workers Name (Please print)

Signature

Date

Inductor's Name (Please print)

Signature

Date
