

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Date of Induction: \_\_\_\_\_

Person conducting induction: \_\_\_\_\_

|     | Please tick                           | Yes | No | Comments |
|-----|---------------------------------------|-----|----|----------|
| 1.  | Introduction                          |     |    |          |
| 2.  | Organisational overview and site tour |     |    |          |
| 3.  | Outline of site rules (provide copy)  |     |    |          |
| 4.  | Discuss OHS manual                    |     |    |          |
| 5.  | Emergency Procedures                  |     |    |          |
| 6.  | Incident Reporting                    |     |    |          |
| 7.  | Hazard Reporting                      |     |    |          |
| 8.  | First Aid                             |     |    |          |
| 9.  | Use of PPE                            |     |    |          |
| 10. | Security and Access Arrangements      |     |    |          |
| 11. | Copy Qualifications/Licences          |     |    |          |
| 12. | Discuss Training Schedule             |     |    |          |
| 13. |                                       |     |    |          |
| 14. |                                       |     |    |          |

This information has been provided to me:

\_\_\_\_\_  
Name and Signature of employee

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Name and Signature of witness

\_\_\_\_\_  
Dated