

**Off-Site Induction Checklist**

**Instruction:** Complete this checklist to identify and assess the risks that employees/workers are exposed to while working off-site. Complete for each site and consult with employees/workers during this process.

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| **Name of person completing the checklist:** |  | | |
| **Date checklist completed:** |  | | |
| **Employer** |  | | |
| **Host employer [employer of the workplace/site you are working at]** |  | | |
| **Location:** |  | | |
| 1. Who is the Manager in charge of the workplace you are at for that day? | | | |
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| 1. If there is an incident in the workplace or you have WHS concerns, who can you report to? | | | |
|  | | | |
| 1. Have you undergone a formal induction into the workplace/site you are currently working at? | | **YES** | **NO** |
| 1. Where is the first aid kit located in the event of an injury? | | | |
|  | | | |
| 1. Is there a register of injuries book where an incident can be recorded? | | **YES** | **NO** |
| 1. Where is the assembly point for this workplace/site in the event of an evacuation? | | | |
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| 1. Are there evacuation plans and procedures displayed in the event of a fire? | | **YES** | **NO** |
| 1. Are you aware of the closest emergency exit to where you are conducting your work activity? | | **YES** | **NO** |
| 1. Have you completed a risk assessment/inspection of your work area to identify any hazards or risks? | | **YES** | **NO** |
| 1. Is the required equipment available and in good working order (eg no frayed electrical leads) to enable you to conduct your work in a safe manner? | | **YES** | **NO** |

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| **Action required: [Address all questions that have a NO or unsatisfactory response]** |
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| **Date actions completed: :** | |
| **Name:** | **Position:** |
| **Signature:** | |

**Return Completed form to:** [Insert Position (e.g. CEO/Director/Owner)]