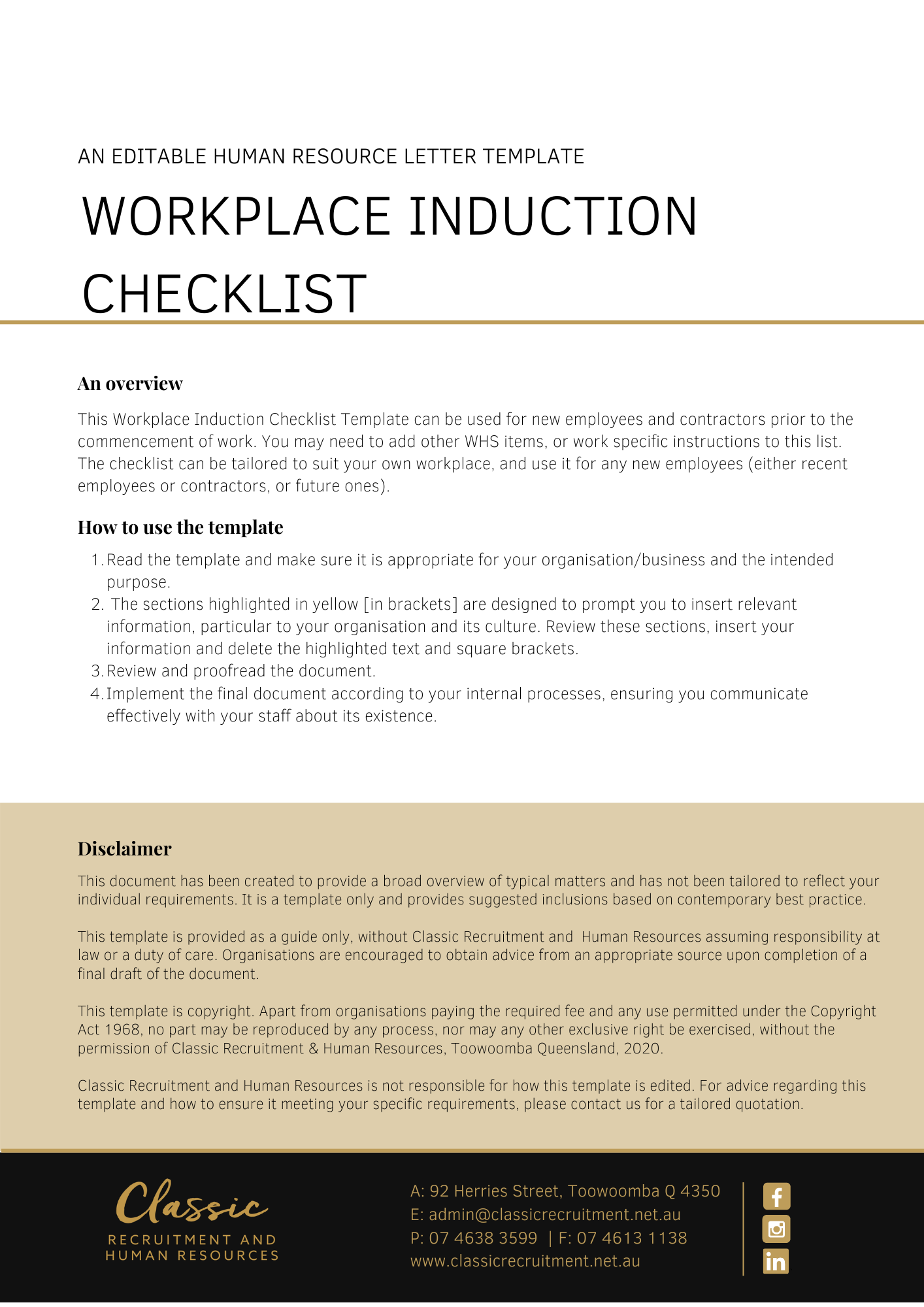
### Workplace Induction Checklist



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Worker name: |  | | | | | Date of commencement: | | | |  |
| Position: |  | | | | | Date of induction: | | | |  |
| Supervisor name: |  | | | | |  | | | |  |
| Name of person conducting the induction: | | |  | | | | | | | |
| **Please tick** | | | | **Yes** | | | **No** | **Comments** | | |
| Welcome worker | | | |  | | |  |  | | |
| Introduce worker to management and supervisors | | | |  | | |  |  | | |
| Introduce worker to co-workers | | | |  | | |  |  | | |
| Work hours/meal breaks and overtime | | | |  | | |  |  | | |
| Explain work tasks and provide job description | | | |  | | |  |  | | |
| Tour of the workplace | | | |  | | |  |  | | |
| Location of toilets/amenities | | | |  | | |  |  | | |
| First aid kits and names of first aiders | | | |  | | |  |  | | |
| Manager’s office/location | | | |  | | |  |  | | |
| Noticeboards & WHS information/signs | | | |  | | |  |  | | |
| Exit points and evacuation instructions | | | |  | | |  |  | | |
| Location of nearest WHS manual & safe work procedures | | | |  | | |  |  | | |
| **Explain WHS/OHS management and procedures** | | | | | | | | | | |
| WHS policy | | | |  | | |  |  | | |
| WHS responsibilities | | | |  | | |  |  | | |
| Consultation mechanism and issue resolution | | | |  | | |  |  | | |
| Hazard & injury reporting procedure | | | |  | | |  |  | | |
| Workers compensation claims procedure (where relevant) | | | |  | | |  |  | | |
| Return to work program (where relevant) | | | |  | | |  |  | | |
| Hazardous substance procedure | | | |  | | |  |  | | |
| Personal Protective Equipment [PPE] — location & storage | | | |  | | |  |  | | |
| Training program | | | |  | | |  |  | | |
| Evacuation procedure | | | |  | | |  |  | | |
| Manual handling procedures | | | |  | | |  |  | | |
| Training and competency needs assessment conducted based on WHS risks in specific job tasks: | | | |  | | |  |  | | |
| Additional training required; | | | |  | | |  |  | | |
| List: | | | |  | | |  |  | | |
| Traffic Management (safety working around forklifts & other vehicles) | | | |  | | |  |  | | |
| Safe working at heights | | | |  | | |  |  | | |
|  | | | |  | | |  |  | | |
|  | | | |  | | |  |  | | |
| Signed - [Insert Position (e.g. CEO/Director/Owner)] | |  | | | Signature:  worker | | | |  | |
| Date | |  | | | Date | | | |  | |