### 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 |  |