# Induction checklist

Completed by: Date: / /

Worker’s name: Position/job title:

Supervisor / manager: Worker Start Date: / /

## INTRODUCTION TO THE BUSINESS

|  |  |  |  |
| --- | --- | --- | --- |
| The industry, nature and structure of your business |  |  |  |
| Roles of key people in your business |  |  |  |
| Job, tasks and responsibilities |  |  |  |

## JOB INTRODUCTION

|  |  |
| --- | --- |
| Demonstrate to the worker how to do jobs correctly and safely according to the safe work procedures (SWP) |  |
| Check competency against the SWP after one week |  |
| Provide required information, training and supervision |  |
| Introduce the worker to the supervisor and other workers |  |
| Introduce the first aid officer and show location of first aid supplies |  |
| Explain and demonstrate emergency procedures |  |
| Show locations of exits and emergency/fire equipment |  |
| Show the work area, drinking water and eating facilities |  |
| Show how to safely use, store and maintain tools, machinery, hazardous substances and personal protective equipment (PPE) |  |
| Show where to make phone calls and collect messages |  |

## EMPLOYMENT CONDITIONS

|  |  |
| --- | --- |
| Work times and meal breaks |  |
| Rates of pay and how payment is made |  |
| Superannuation and other deductions |  |
| Leave entitlements |  |
| Notification of sick leave or absences |  |

## HEALTH AND SAFETY

|  |  |
| --- | --- |
| Work Health and Safety (WHS) policy, Appropriate Behaviour / Code of Conduct Policy |  |
| Drugs and Alcohol / Fitness for Work Policy, Smoking Policy |  |
| Grievance Resolution Procedure |  |
| Safe Work Procedures (SWPs) (provide copies) |  |
| Roles and responsibilities of people in the workplace (e.g. Health and Safety Representatives) |  |
| Hazard, near-miss, incident and accident reporting (include form) |  |
| How workers are kept informed about and consulted on health and safety issues |  |
| Workers compensation claims (including showing where forms are) |  |
| Communication (e.g. when in remote location) |  |

## OTHER

|  |  |  |  |
| --- | --- | --- | --- |
| Quality procedures |  |  |  |
| Security issues |  |  |  |
| Hygiene procedures and facilities |  |  |  |

Worker’s signature: Date: / /

Conducted by signature: Date: / /