# 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

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| --- |
| 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

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| 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

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| --- |
| 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: / /