**EMPLOYEE**

**SAFETY, HEALTH & WELFARE INDUCTION**

**FORM**

|  |  |
| --- | --- |
| **NAME** |  |
| **DEPARTMENT / TEAM** |  |
| **START DATE** |  |

|  |  |
| --- | --- |
| **INDUCTION DATE** |  |
| **INSTRUCTOR** |  |
| **LOCATION** |  |

|  |  |  |
| --- | --- | --- |
| **SUBJECTS** | **DATE** | **EMPLOYEE SIGNATURE** |
| Location of Assembly point |  |  |
| Evacuation Procedure and nearest escape route |  |  |
| Recognising the fire alarm |  |  |
| What to do upon discovering a fire |  |  |
| Identified correct Fire Extinguisher device to use |  |  |
| General safety, health and welfare provisions |  |  |
| Location of First Aid Box |  |  |
| Basic First Aid  |  |  |
| * Small burns
 |  |  |
| * Small cuts, abrasions
 |  |  |
| * Recovery Position
 |  |  |
| Injury at work procedure |  |  |
| Location of Defibrillator |  |  |

COMMENTS:

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Manager

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_