|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INDUCTION TOPICS | | | | |
| Purpose | To familiarise employees with the health and safety rules and procedures before they start work. | | | |
|  |  | YES | NO | N/A |
|  | The qualifications and experience of workers to be inducted have been checked (where required) |  |  |  |
|  | Employees have been briefed on equipment in the workplace |  |  |  |
|  | PPE is available and worn as required:   * Safety glasses * Safety footwear * High-visibility clothing * Ear protection * Other…………………………………….. |  |  |  |
|  |  |  |  |  |
|  | Emergency procedures and location of:   * Assembly point and evacuation route * Closest medical facility * Contact details of emergency services * Provisions for emergency communications |  |  |  |
|  | * The location of the first-aid facilities/kits * Names of the first aiders and where to obtain treatment |  |  |  |
|  | Location of firefighting equipment, e.g. fire extinguishers and hose reels |  |  |  |
|  | Names and contact details of the Health and Safety representative(s) |  |  |  |
|  | Location of welfare facilities (including toilets and drinking water) |  |  |  |
|  | Accident reporting procedures |  |  |  |
|  | Question and answer session |  |  |  |
| NOTE: ENSURE TRAINING IS PROVIDED IN A FORM, MANNER AND LANGUAGE THAT IS REASONABLY LIKELY TO BE UNDERSTOOD BY THE EMPLOYEE | | | | |
| PERSON RESPONSIBLE FOR CARRYING OUT INDUCTION TRAINING: | | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employee

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

LINE MANAGER/GM/MD/CEO