

**Employee Name** \_\_\_\_\_

**General Orientation**

| Done                     | N/A                      | Discussion Item                 | Done                     | N/A                      | Discussion Item                       |
|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Management introduction         | <input type="checkbox"/> | <input type="checkbox"/> | Parking arrangements                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Colleague introduction          | <input type="checkbox"/> | <input type="checkbox"/> | Access arrangements                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Operation overview              | <input type="checkbox"/> | <input type="checkbox"/> | Working hours & break times           |
| <input type="checkbox"/> | <input type="checkbox"/> | Reporting structure             | <input type="checkbox"/> | <input type="checkbox"/> | Time keeping requirements             |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee's functions and duties | <input type="checkbox"/> | <input type="checkbox"/> | Discipline and termination procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | Pay periods                     | <input type="checkbox"/> | <input type="checkbox"/> | Conflict resolution                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Washroom, toilets and lunchroom |                          |                          |                                       |

**Emergencies**

| Done                     | N/A                      | Discussion Item                | Done                     | N/A                      | Discussion Item             |
|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid Officer introduction | <input type="checkbox"/> | <input type="checkbox"/> | Area Warden introduction    |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid facilities location  | <input type="checkbox"/> | <input type="checkbox"/> | Raising the alarm           |
| <input type="checkbox"/> | <input type="checkbox"/> | Notifiable events procedures   | <input type="checkbox"/> | <input type="checkbox"/> | Evacuation procedure        |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency phone numbers        | <input type="checkbox"/> | <input type="checkbox"/> | Assembly area               |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Procedures           | <input type="checkbox"/> | <input type="checkbox"/> | Fire extinguisher locations |

**Personal Protective Equipment and Uniforms**

| Done                     | N/A                      | Discussion Item    | Done                     | N/A                      | Discussion Item   |
|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Safety Footwear    | <input type="checkbox"/> | <input type="checkbox"/> | Gloves            |
| <input type="checkbox"/> | <input type="checkbox"/> | Hearing protection | <input type="checkbox"/> | <input type="checkbox"/> | Hi Vis - Uniforms |
| <input type="checkbox"/> | <input type="checkbox"/> | Head protection    | <input type="checkbox"/> | <input type="checkbox"/> | Uniforms Ordered  |
| <input type="checkbox"/> | <input type="checkbox"/> | Eye protection     | <input type="checkbox"/> | <input type="checkbox"/> | Other _____       |

**Safety at Work**

| Done                     | N/A                      | Discussion Item                     | Done                     | N/A                      | Discussion Item                |
|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | H&S Commitment / Expectation        | <input type="checkbox"/> | <input type="checkbox"/> | Hazard & Risk Management       |
| <input type="checkbox"/> | <input type="checkbox"/> | Incident/Injury reporting procedure | <input type="checkbox"/> | <input type="checkbox"/> | Contractor Management          |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazard Reporting Procedures         | <input type="checkbox"/> | <input type="checkbox"/> | Electrical testing and tagging |

**Communication of Health and Safety**

| Done                     | N/A                      | Discussion Item              | Done                     | N/A                      | Discussion Item                |
|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | H&S Meetings - Monthly       | <input type="checkbox"/> | <input type="checkbox"/> | Read and understood H&S Policy |
| <input type="checkbox"/> | <input type="checkbox"/> | Read & understood H&S Manual |                          |                          |                                |

**Employee's Declaration:**

*The above listed topics have been covered in this session and I have been given the opportunity to ask questions and review the information provided. I fully understand and undertake to comply with the rules and procedures covered.*

\_\_\_\_\_

Inductee's Signature

\_\_\_\_\_

Date

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**Inductor's Verification:**

*I have conducted the employee induction session explaining the items marked above. The participant was present throughout the session and contributed accordingly.*

\_\_\_\_\_

Inductor's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Inductor's Signature