Client Induction Checklist and Acknowledgement Form

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| Doc Number | CHK - 202 | Version | V2 | Review Date | 23/03/2022 |
| Office Location | Insert Office Location | | | Franchisee | Insert Name |
| Instructions | To be completed for all on-hire employees.  Return on-hire employees will not require an induction within six months of first employment, unless job site or job description has changed. | | | | |
| Client |  | | | | |
| Induction performed by |  | | | Induction Date |  |

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| --- | --- | --- | --- |
| Site Induction | Y | N | NA |
| Brief introduction to client company activities |  |  |  |
| Introduction to Supervisor |  |  |  |
| Introduction to Work Health & Safety Representative |  |  |  |
| Introduction to First Aider |  |  |  |
| Start/finish times, meal and break times |  |  |  |
| Meal room, toilets and other amenities |  |  |  |
| Issue of any personal protective equipment (PPE) |  |  |  |

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| Safety Guidelines | Y | N | NA |
| Employee WHS Duties |  |  |  |
| WHS Policy |  |  |  |
| Workplace Policies (Bullying, Harassment, Issue Resolution etc) |  |  |  |
| Emergency evacuation procedures |  |  |  |
| First aid facilities and procedures |  |  |  |
| The workplace’s consultative processes for WHS |  |  |  |
| Housekeeping requirements |  |  |  |
| Manual handling and lifting requirements |  |  |  |
| Machinery safety requirements |  |  |  |
| Forklift/mobile equipment and plant safety |  |  |  |
| Personal protective equipment (PPE) |  |  |  |
| Hot / Cold environments |  |  |  |
| Slips, trips and falls |  |  |  |
| Confined space requirements |  |  |  |
| Noise exposure |  |  |  |
| Atmospheric contaminants |  |  |  |
| Hazardous chemicals and substances |  |  |  |
| Material Safety Data Sheets (MSDS) |  |  |  |
| Safe Work Method Statements (SWMS) |  |  |  |
| Safe Work Procedures |  |  |  |
| Supervision and training |  |  |  |
| Other (please specify): |  |  |  |
| Reporting Of Hazards / Incidents / Near Misses |  |  |  |
| What To Do If You Are Injured |  |  |  |
| Written Job Description / Details |  |  |  |

# Acknowledgement

By signing below I acknowledge that I have received and understood the induction outlined above.

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| Name | Date | Signature |
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