



## Induction Checklist

Name: \_\_\_\_\_ Site: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Date of Induction: \_\_\_\_\_

Person conducting induction: \_\_\_\_\_

	Please tick	Yes	No	Comments
1.	Introduction			
2.	Organisational overview and site tour			
3.	Outline of site rules (provide copy)			
4.	Discuss OHS manual			
5.	Emergency Procedures			
6.	Incident Reporting			
7.	Hazard Reporting			
8.	First Aid			
9.	Use of PPE			
10.	Security and Access Arrangements			
11.	Copy Qualifications/Licences			
12.	Discuss Training Schedule			
13.				
14.				

This information has been provided to me:

\_\_\_\_\_  
Name and Signature of employee/volunteer Dated

\_\_\_\_\_  
Name and Signature of witness Dated