Employee Induction

Name of Employee:
Department/Location:
Position Description:
Start date:
Manager/Supervisor:
Visa class (if applicable):

Drivers Licence

Licence Number	Licence Type	Expiry Date

Policies

	Viewed	
	Yes	No
Workplace Health & Safety		
Drug and Alcohol		
Chain of Responsibility		
Managing fatigue risks		
Maintenance	\square	
Loads in excess of legal limits		
Managing speed		



Introd	uction to company/HR: (Explain and Show)
	Nature and Structure of Business
	Roles of key people in the organisation
	Office Contact list
	Hi-Vis clothing and other personal protective equipment requirements
	Rates of pay, allowances, Superannuation, taxation documents and pay arrangements
	Employment contract/conditions
	Job description and responsibilities (including work and meal times and leave entitlements)
	Leave entitlements
	AFRA WHS course
	Workers compensation claims process and rehabilitation
Work	Environment (Show)
	Kitchen facilities
	Wash and toilet facilities
	Car parking
	Location of first aid facilities such as first aid box/room & first aid providers
	OH & S representative
	Emergency Coordinating Officer (ECO)
	Work area, vehicles, equipment, tools and machinery used for the job
Health	a & Safety: (Explain and Show)
	Hazard/Accident/Incident reporting procedures, including the location of forms that need to be completed.
	Safe use and storage of personal hazardous substance, including Material Safety Data
	Sheets
Orient	ation: (visit and show)
	Location of emergency exits (including emergency procedures, and fire extinguishers
	Location of Emergency alarm
	Location of Assembly area
	Introduce Fire Warden
	Introduce First Aid Officer
	Location of WHS noticeboard
Securi	ty
	Building and alarm code (if applicable)
	Personal and security of personal belongings



Are control measures in place for:

□ Workplace Health & Safety

□ Chain of Responsibility

Training

	Yes	No	Not applicable
AFRA Workplace Health & Safety			
Chain of Responsibility			
Pack & unpack cartons during a removal			
Handling furniture & effects			

Conducted by: _	
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Date: _____

Signature: _____

Employees signature: ______Date: _____Date: _____

