

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	\boxtimes	
Loads in excess of legal limits		
Managing speed		

Introduction 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
	\Box Workers compensation claims process and rehabilitation
Worl	k Environment (Show)
	□Kitchen facilities
	□Wash and toilet facilities
	□Car parking
	\Box 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
Heal	th & Safety: (Explain and Show)
	□Hazard/Accident/Incident reporting procedures, including the location of forms that
	need to be completed.
	\Box Safe use and storage of personal hazardous substance, including Material Safety
	Data Sheets
Orie	ntation: (visit and show)
	\Box 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
Secu	ırity
	\Box 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:	Date:	_
Signature:		
Employees signature:	Date:	