

## **Induction Checklist**



Empl	oyee Name:
Empl	oyment start date:
Posit	ion/job
Mana	ager/Supervisor:
Depa	rtment/Section:
Compai	ny overview:
	The structure
	The type of work
Key pec	pple and their roles:
	Manager/owner
	Supervisor(s)
	Co-workers
	Health and safety representative(s)
	Fire/emergency warden(s)
Employ	ment conditions:
	Name of award or agreement (if relevant) and award conditions
	Job description and responsibilities
	Leave entitlements
	Notification of sick leave or absences
	Out of hours enquiries and emergency procedures
	Time recording procedures
	Work times and meal breaks
	Working from home office policy
Remun	eration:
	Pay arrangements
	Rates of pay and allowances
	Superannuation
	Taxation and any other deductions (including completing the required forms)

Union membership and award conditions.



Work health and safety administration:		First aid, fire safety and emergency procedures	
	Consultative and communication processes,	training	
	including employee health and safety representatives	Hazard-specific training (for example, manual handling, hazardous substances)	
	Hazard reporting, including where to find forms	On the job training in safe work procedures	
	Incident /accident reporting procedures, including where to find reporting forms	Job-specific training (for example, if a license or permit is required)	
	Hazards of work		
	Policy and procedures		
	Roles and responsibilities		
	Employee assistance program (EAP)		
	Workers compensation claims		
Work h	ealth and safety environment:		
Safe w	ork procedures (SWPs) List:		
1			
2			
3			
4			
5			
	Emergency plan, procedures, exits and fire extinguishers		
	First aid facilities such as the first aid kit and room		
	Information on workplace hazards and controls		
Securit	у:		
	For each worker and for their personal belongings		
The wo	ork environment:		
	Car parking		
	Eating facilities		
	Phone calls and message collecting system		
	Washing and toilet facilities		
	Work station, tools, machinery and equipment used for job		
	Procedures for the workplace buildings		

## **Professional Development and training:**



Follow-up review:	
Repeat any training required or provide additional training if needed	
Review work practices and procedures with the worker	
Ask and answer questions	
Comments/follow up action	
Induction Acknowledgment	
Conducted by (Name):	Date:
Signature:	Date:
Position/Job:	Worker's Signature:
Notes:	
Induction review date:	Review comments:
Conducted by (Name):	Date:
Signature:	Date:
Position/Job:	Worker's Signature:
Notes:	
evision Date Author	Description

Revision Date	Author	Description
15/08/2018	Office, Department/Unit	Creation of policy.
XX-XX-XXXX	Office, Department/Unit	[Brief & specific description of change]