|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Business Name: | |  | | | | | |
| Worker’s Name: | |  | | | | | |
| Employment start date: | |  | | | | | |
| Position/Job: | |  | | | | | |
| Manager/Supervisor: | |  | | | | | |
| Department/Section: | |  | | | | | |
| **Explain your business:** | | | | | | | |
| Business structure | | |  | Type of work | | |  |
| **List and introduce your key people and their roles:** | | | | | | | |
| Manager/Owner | | |  | Supervisor(s) | | |  |
| Co-workers | | |  | Health and Safety Representative(s) | | |  |
| Fire/Emergency warden(s) | | |  |  | | | |
| **Explain their employment conditions:** | | | | | | | |
| Name or award or agreement (if relevant) and conditions | | |  | Out of hours enquiries and emergency procedures | | |  |
| Job description and responsibilities | | |  | Notification of sick leave or absences | | |  |
| Leave entitlements | | |  | Time recording procedures | | |  |
| Work time and meal breaks | | |  | Union membership and award conditions | | |  |
| Pay arrangements | | |  | Taxation and any other deductions | | |  |
| Rates of pay and allowances | | |  | (including completing the required forms) | | |  |
| Superannuation | | |  |  | | | |
| **Explain your work health and safety administration:** | | | | | | | |
| Consultative and communication processes, including employee health and safety representatives (HSR) | | |  | Incident/accident and hazard reporting procedures, including where to find reporting forms | | |  |
| Policy and procedures | | |  | Workers compensation claims | | |  |
| Roles and responsibilities | | |  | Employee assistance program (EAP) | | |  |
| Hazards of work | | |  |  | | | |
| **Explain your security:** | | | | | | | |
| Cash | | |  | For workers and their personal belongings | | |  |
| **Show your work health and safety environment:**  List of Safe Work Procedures (SWPs): | | | | | | | |
| **1.** |  | | | | | | |
| **2.** |  | | | | | | |
| **3.** |  | | | | | | |
| **4.** |  | | | | | | |
| **5.** |  | | | | | | |
| Emergency plan, procedures, exits and fire extinguisher locations | | |  | First Aid facilities such has the first aid kit and room location | | |  |
| Information on hazards and controls | | |  |  | | | |
| **Show your work environment:** | | | | | | | |
| Work station, tools, machinery, and equipment used for job | | |  | Phone calls and message collecting system | | |  |
| Car parking | | |  | Procedures for the workplace building | | |  |
| Locker and change rooms | | |  | Eating facilities | | |  |
| Washing and toilet facilities | | |  |  | | | |
| **Explain your training:** | | | | | | | |
| First aid, fire safety and emergency procedures training | | |  | Hazard-specific training (e.g. manual handling, hazardous substances) | | |  |
| Job-specific training (e.g. for a required licence or permit) | | |  | On the job training in safe work procedures | | |  |
| **Conduct a 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 acknowledgement** | | | | | | | |
| Conducted by (name): | |  | | | Date: |  | |
| Position/Job: | |  | | | Signature: |  | |
| Worker signature: | |  | | | Review date: |  | |
| Review conducted by (name): | |  | | | Date: |  | |
| Position/Job: | |  | | | Signature: |  | |
| Worker signature: | |  | | | | | |