|  |  |
| --- | --- |
| 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: |  |