



WHS Employee Food & Hospitality Induction Checklist

Employees name:		Commencement Date:	
Person Conducting Induction:		Induction Date:	
Work Health and Safety			
<input type="checkbox"/> Correct food handling techniques	<input type="checkbox"/> Storage & use of chemicals	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> PPE requirements
<input type="checkbox"/> PPE supplied and recorded (if required)	<input type="checkbox"/> Known hazards associated with equipment and environment	<input type="checkbox"/> Risk Assessments / Safe Operating Procedures (if applicable)	<input type="checkbox"/> Location of plant/equipment manuals
<input type="checkbox"/> PPE requirements	<input type="checkbox"/> Tampering/removal of plant safety mechanisms	<input type="checkbox"/> PPE requirements	<input type="checkbox"/> PPE requirements
Emergency Procedures		First Aid	
<input type="checkbox"/> Exit's and route to assembly point	<input type="checkbox"/> Site emergency plan	<input type="checkbox"/> Location of extinguishers/fire blanket	<input type="checkbox"/> First Aid kit location
<input type="checkbox"/> First Aid requirements for the kitchen environment	<input type="checkbox"/> First Aid requirements for the kitchen environment	<input type="checkbox"/> First Aid requirements for the kitchen environment	<input type="checkbox"/> First Aid requirements for the kitchen environment
Use of Equipment			
<input type="checkbox"/> Stove use (on/off)	<input type="checkbox"/> Oven use (on/off)	<input type="checkbox"/> Dishwasher use (on/off, use & cleaning)	<input type="checkbox"/> Exhaust Fan use
<input type="checkbox"/> Emergency switch locations	<input type="checkbox"/> Emergency switch locations	<input type="checkbox"/> Emergency switch locations	<input type="checkbox"/> Emergency switch locations
Declaration			
<ul style="list-style-type: none"> I have undertaken the WHS Employee Food & Hospitality Induction I agree to comply with all appropriate WHS legislation requirements, codes of practices and the Colleges policies, procedures and guidelines. 			
Name:		Signature:	Date:
PLEASE RETURN COMPLETED FORM TO CAROL LEE FOR PROCESSING AND FILING THANK YOU			
OFFICE USE ONLY			
FORM RETURNED: DATE: ___ / ___ / ___		SIGNATURE: _____	