



WHS Employee Induction Checklist

Employees name:	Commencement Date:	
Person Conducting Induction:	Induction Date:	
Work Health and Safety		
<input type="checkbox"/> Catholic Safety Health & Welfare website <input type="checkbox"/> WHS and Injury Management responsibilities <input type="checkbox"/> Procedure location <input type="checkbox"/> PPE determined	<input type="checkbox"/> Consultation and communication process <input type="checkbox"/> Incident/Hazard Reporting process <input type="checkbox"/> Grievance procedure <input type="checkbox"/> Code of Conduct (copy provided) <input type="checkbox"/> Any questions re: WHS Employee Induction Guide	
Role Specific Induction		
<input type="checkbox"/> Inform of known hazards associated with the role and equipment utilised <input type="checkbox"/> Risk assessments / Safe Operating Procedures for role	<input type="checkbox"/> Where applicable issue and record Personal Protective Equipment for role	
Emergency Procedures	First Aid	
<input type="checkbox"/> Site emergency procedures <input type="checkbox"/> Emergency assembly areas <input type="checkbox"/> Security procedures (including remote and isolated work)	<input type="checkbox"/> Site emergency plan <input type="checkbox"/> Name and location of First Aid Officer <input type="checkbox"/> First aid kit / first aid Room locations	
Training	Other	
<input type="checkbox"/> Training Needs identified and documented <input type="checkbox"/> Position Information Description signed and copy received <input type="checkbox"/> Organisational Policies and Procedures <input type="checkbox"/> Employee Assistance Program	<input type="checkbox"/> Workers compensation & rehabilitation process <input type="checkbox"/> Contact and Harassment Officers <input type="checkbox"/> Introduce to WHS Coordinator (where relevant) <input type="checkbox"/> Plant Induction (as required) Conducted by: _____ Date: _____	
Declaration		
<ul style="list-style-type: none"> I have read and understand the contents of the WHS Employee Induction Guide. I have undertaken the St Patrick's Technical College onsite WHS Employee 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: _____		