



## WHS Systems & Control Lab Induction Checklist

Employees name:	Commencement Date:
Person Conducting Induction:	Induction Date:
<b>Work Health and Safety</b>	
<input type="checkbox"/> Known hazards associated with the role, equipment and environment <input type="checkbox"/> PPE requirements <input type="checkbox"/> Risk Assessments / SOP's <input type="checkbox"/> PPE supplied and recorded <input type="checkbox"/> Location of Safety Data Sheets <input type="checkbox"/> Location of plant/equipment manuals <input type="checkbox"/> First Aid kit location <input type="checkbox"/> Tampering/removal of plant safety mechanisms <input type="checkbox"/> Housekeeping	
<b>Emergency Procedures</b>	
<input type="checkbox"/> Exit's and route to assembly point <input type="checkbox"/> Firefighting equipment <input type="checkbox"/> Site emergency plan	
<b>Plant Instruction and Demonstration</b>	
<input type="checkbox"/> Carbatech Bench Lathe <input type="checkbox"/> Metabo Vertical Band Saw <input type="checkbox"/> Carbatech Milling Machine <input type="checkbox"/> Toolex Disc Sander <input type="checkbox"/> Denford PCB Engraver	<input type="checkbox"/> Roland Milling & Engraving Machine <input type="checkbox"/> Trotec Laser Engraver <input type="checkbox"/> Woodfast Strip heater <input type="checkbox"/> 3D printers
<b>Declaration</b>	
<ul style="list-style-type: none"> <li>I have undertaken the WHS Systems &amp; Control Lab Induction</li> <li>I agree to comply with all appropriate WHS legislation requirements, codes of practices and the Colleges policies, procedures and guidelines.</li> </ul>	
Name:	Signature: <span style="float: right;">Date:</span>
PLEASE RETURN COMPLETED FORM TO CAROL LEE FOR PROCESSING AND FILING, THANK YOU	
<b>OFFICE USE ONLY</b>	
FORM RETURNED: DATE: ___ / ___ / ___ SIGNATURE: _____	