# **WHS INDUCTION REQUIREMENTS FORM**

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| Worker Name: | | | |
| Position: | | | |
| Task Specific Training Required: | | | |
| WHS INDUCTION REQUIREMENTS | **Carried out at induction** | | If No – date to be covered |
| **Yes** | **No** |
| Staff amenities location etc |  |  |  |
| Orientation to office, including files, equipment room, mail procedures etc |  |  |  |
| WHS Policy and procedures |  |  |  |
| Organisation and worker obligations |  |  |  |
| Consultation strategy |  |  |  |
| Repair and maintenance procedure |  |  |  |
| Hazard report form |  |  |  |
| Incident report procedures |  |  |  |
| Workers Compensation |  |  |  |
| Drug and alcohol and smoking policy |  |  |  |
| Bullying and Harassment |  |  |  |
| Emergency procedures |  |  |  |
| First aid |  |  |  |
| Specific work related hazards |  |  |  |
| Computer workstation adjustment |  |  |  |
| Issue security key |  |  |  |
| Pay and conditions discussed |  |  |  |
| Issued with mobile phone, credit card etc as appropriate |  |  |  |
| Manual handling |  |  |  |
| Infection control |  |  |  |
| PPE issued and discussed |  |  |  |
| Safe work procedures – specific training provided |  |  |  |
| Risk Management |  |  |  |
| Training and meeting schedule |  |  |  |
| Hazardous substances and SDS |  |  |  |
| Working at External locations |  |  |  |
| Covid- 19 specific induction |  |  |  |
|  | | | |
| Comments: | | | |
|  | | | |
| I have discussed and confirm that I understand all the above requirements: | | | |
| Employee Signature: | Date: | | |
| Induction carried out by: | Date: | | |