(PCBU Name)

## Induction Checklist

Worker’s name:

Employment start date:

Position/job

Manager/supervisor:

Department/Section:

**Explain your business:**

 The structure

 The 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 of award or agreement (if relevant) and award conditions

 Job description and responsibilities

 Leave entitlements

 Notification of sick leave or absences

 Out of hours enquiries and emergency procedures

 Time recording procedures

 Work times and meal breaks

**Explain their pay:**

 Pay arrangements

 Rates of pay and allowances

 Superannuation

 Taxation and any other deductions (including completing the required forms)

 Union membership and award conditions.

**Explain your work health and safety administration:**

 Consultative and communication processes, including employee health and safety representatives

 Hazard reporting, including where to find forms

 Incident /accident reporting procedures, including where to find reporting forms

 Hazards of work

 Policy and procedures

 Roles and responsibilities

 Employee assistance program (EAP)

 Workers compensation claims

**Show your work health and safety environment:**

Safe work procedures (SWPs) List:

1.

2.

3.

4.

5.

 Emergency plan, procedures, exits and fire extinguishers

 First aid facilities such as the first aid kit and room

 Information on workplace hazards and controls

**Explain your security:**

 Cash

 For each worker and for their personal belongings

**Show your work environment:**

 Car parking

 Eating facilities

 Locker and change rooms

 Phone calls and message collecting system

 Washing and toilet facilities

 Work station, tools, machinery and equipment used for job

 Procedures for the workplace buildings

Explain your training:

 First aid, fire safety and emergency procedures training

 Hazard-specific training (for example, manual handling, hazardous substances)

 On the job training in safe work procedures

 Job-specific training (for example, if a license or permit is required)

**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 Acknowledgment

Conducted by (Name): Date:

Signature: Date:

Position/Job: Worker’s Signature:

Notes:

.

Induction review date: Review comments:

Conducted by (Name): Date:

Signature: Date:

Position/Job: Worker’s Signature:

Notes:

.