(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**

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Induction Acknowledgment

Conducted by (Name): Date:

Signature: Date:

Position/Job: Worker’s Signature:

Notes:

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Induction review date: Review comments:

Conducted by (Name): Date:

Signature: Date:

Position/Job: Worker’s Signature:

Notes:

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