**WORKER INDUCTION CHECKLIST**

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| --- | --- |
| **Name of worker:**  |  |
| **Worker Commencement Date:** |  |
| **Induction Date:** |  |
| **Work Health and Safety** |
| [ ] Catholic Church Endowment Society Safety Management Policy and Procedures[ ] WHS and Injury Management responsibilities[ ] Responsibility Authority & Accountability Matrix (copy provided) | [ ] Consultation and communication process[ ] Incident/Hazard Reporting process[ ] Grievance procedure [ ] Code of Conduct (copy provided) |
| **Role SpecificInduction** |
| [ ] Inform of known hazards associated with the role and equipment utilised[ ] Risk assessments [ ] SOP / SWP applicable to role | [ ] Personal Protective Equipment issued applicable for role*May use Form 013F for a more comprehensive induction for certain areas* |
| **Emergency Procedures** | **First Aid** |
| [ ] Site emergency procedures including names of Wardens[ ] Emergency assembly areas[ ] Security procedures (including remote and isolated work) | [ ] Site emergency plan[ ] Name and location of First Aid Officer[ ] First aid kit / first aid Room locations |
| **Training** | **Other** |
| [ ] Training Needs identified and documented[ ] Position Information Description signed and copy received[ ] Employee Assistance Program (EAP) details provided to worker | [ ] Workers compensation and rehabilitation process explained [ ] Worker made aware of Contact Officer/s[ ] Introduce to WHS Coordinator (where relevant),  |
| **Person Conducting Induction** |
| **Name** |  |
| **Signature** |  |
| **Worker** |
| **Name** |  |
| **Signature** |  |