

OSH SAFETY INDUCTION CHECKLIST at CLIENT COMPANY

Employee/Contractor Name:			
Assignment – Date of Commencement:			
Client Company Name:			
Client Company Location/Address:			
Client Company Contact:			
INDUCTION SUBJECT AREA (tick as appropriate)	YES	NO	N/A
<u>TOUR OF SECTIONS</u>			
• General workplace layout			
• Restricted areas			
• Safety signs pointed-out			
• Noticeboards			
• First aid kits/facilities			
• Emergency exits and fire extinguishers			
• Emergency evacuation assembly area			
• Amenities			
• Names of OSH, first aid and emergency response personnel			
<u>EXPLANATION OF OSH PROCEDURES</u>			
• Company OSH policy			
• OSH responsibilities – employee duty of care			
• Reporting of workplace hazards			
• Safety Representatives and Safety committee			
• Hazardous substances register			
• Toolbox meetings			
• OSH Issue resolution procedure			
• Location and use of personal protective equipment			
• Incident reporting and investigation			
• First aid and emergency procedures			
<u>CRITICAL SAFE WORK PROCEDURES OR INSTRUCTION</u> <i>(specify)</i>			
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FOLLOW UP ACTION REQUIRED/TRAINING NEEDS IDENTIFIED			
<p><i>The Employee/Contractor named above has been instructed on the contents of this induction checklist.</i></p> <p>Name of Client Manager/Supervisor: _____</p> <p style="text-align: center;">Signed: _____ Date: _____</p>			
<p><i>I have received and understand instructions given in reference to the items contained in this induction checklist.</i></p> <p>Signature of Employee/Contractor being inducted: _____</p> <p style="text-align: center;">Date: _____</p>			