

# Employee Induction Checklist

Name	Employee Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Item	Completed
<b>Work Health and Safety (WHS)</b>	
1. Overview of organisational structure	<input type="checkbox"/>
2. Discuss and provide a copy of the WHS Policy	<input type="checkbox"/>
3. Explain their WHS Responsibilities	<input type="checkbox"/>
4. Advise of resources available such as an Employee Assistance Program (EAP)	<input type="checkbox"/>
5. Advise of communication and consultation arrangements	<input type="checkbox"/>
6. Discuss the site WHS Working Group/Committee roles and responsibilities and introduce them to their member/s	<input type="checkbox"/>
7. Induction training has been completed	<input type="checkbox"/>
8. Have relevant SWIs and other required training been assigned	<input type="checkbox"/>
9. Provide employee with appropriate PPE	<input type="checkbox"/>
10. Where applicable, review tools and equipment supplied to ensure they are in working order	<input type="checkbox"/>
<b>WHS Event and Emergency Management</b>	
11. Explain the WHS event reporting process	<input type="checkbox"/>
12. Explain the type of WHS events that must be reported, including near misses	<input type="checkbox"/>
13. Explain that all WHS events must be reported immediately	<input type="checkbox"/>
14. Explain the emergency evacuation procedure including evacuation areas	<input type="checkbox"/>
<b>Injury Management and Recovery at Work</b>	
15. Discuss and provide a copy of the Injury Management Policy	<input type="checkbox"/>
16. Explain the Return to Work (RTW) program and process	<input type="checkbox"/>
17. Advise who the RTW Coordinator is	<input type="checkbox"/>

Item	Completed
<b>Site Tour</b>	
18. Walk around the work location and identify the specific hazards and controls	<input type="checkbox"/>
19. Show the location of the Emergency Assembly Area	<input type="checkbox"/>
20. Show the location of the Emergency Exits	<input type="checkbox"/>
21. Show the location of the Fire Equipment	<input type="checkbox"/>
22. Show the location of the First Aid Kits and advise who the First Aid Officers are	<input type="checkbox"/>
23. Show the location and discuss the purpose of Safety Data Sheets	<input type="checkbox"/>
24. Show the location of spill kits	<input type="checkbox"/>
25. Show the location of safety showers and eye wash stations (if available)	<input type="checkbox"/>
26. Show the location of the amenities (for example, toilets and lunchrooms)	<input type="checkbox"/>
<b>Administration</b>	
27. Scan or photocopy any relevant licences or certificates and save in the employee's file	<input type="checkbox"/>
28. Ensure this document is signed off	<input type="checkbox"/>
29. Scan and save this document in employee's file	<input type="checkbox"/>
30. Add the details of the induction into the training register	<input type="checkbox"/>

## Induction Completion and Sign Off

### Manager

I, , confirm that this new employee has been inducted in accordance with  policies and procedures. All items in this checklist have been discussed and completed.

Manager Name

Signature

Date (DD/MM/YYYY)




### New Employee

I, , confirm that I have been inducted in accordance with this checklist.

Employee Name

Signature

Date (DD/MM/YYYY)




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