**OFF-SITE INDUCTION CHECKLIST**

This template is intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

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OFF-SITE INDUCTION CHECKLIST

**Instruction:** Complete this checklist to identify and assess the risks that employees/workers are exposed to while working off-site. Complete this checklist for each site and consult with other employees/workers during the process.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of person completing the checklist:** |  | | |
| **Date checklist completed:** |  | | |
| **Employer:** |  | | |
| **Host employer [employer of the workplace/site you are working at]:** |  | | |
| **Location:** |  | | |
| 1. Who is the Manager in charge of the workplace you are at for that day? | | | |
|  | | | |
| 1. If there is an incident in the workplace or you have OHS concerns, who can you report to? | | | |
|  | | | |
| 1. Have you undergone a formal induction into the workplace/site you are currently working at? | | ❒ **YES** | ❒ **NO** |
| 1. Where is the first aid kit located in the event of an injury? | | | |
|  | | | |
| 1. Is there a register of injuries book/form where any injuries can be recorded? | | ❒ **YES** | ❒ **NO** |
| 1. Where is the assembly point for this workplace/site in the event of an evacuation? | | | |
|  | | | |
| 1. Are there evacuation plans and procedures displayed in the event of a fire? | | ❒ **YES** | ❒ **NO** |
| 1. Are you aware of the closest emergency exit to where you are conducting your work activity? | | ❒ **YES** | ❒ **NO** |
| 1. Have you completed a risk assessment/inspection of your work area to identify any hazards or risks? | | ❒ **YES** | ❒ **NO** |
| 1. Is the required equipment available and in good working order (e.g. no frayed electrical leads) to enable you to conduct your work in a safe manner? | | ❒ **YES** | ❒ **NO** |
| 1. Have the available electrical tools and equipment been tested and tagged and are they currently in date? | | ❒ **YES** | ❒ **NO** |

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| **Action required: [Address all questions that have a NO or unsatisfactory response]** |
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| --- | --- |
| **Date actions completed: :** | |
| **Name:** | **Position:** |
| **Signature:** | |

**Return Completed form to: [INSERT NAME/POSITION]**