**HEALTH AND SAFETY INDUCTION CHECKLIST**

This template is intended to assist member businesses develop their own workplace health and safety 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 policy. 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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HEALTH AND SAFETY INDUCTION CHECKLIST

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| Manager: | | The Induction should be completed as soon as practicable after the employee commences, ideally on the first day and definitely within the first week. Tick off each topic as they are discussed, shown and or completed by you. |
| Employee: | Actively participate in the OHS Induction and when you are satisfied that all topics have been addressed, sign the employee declaration. | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **General Health & Safety** | | |  | **Emergency Information** | | | | | **Topic for discussion:** | | **✓ X** | **Topic for discussion:** | | | **✓ X** | | OHS Policy and Procedures Manual | |  | Emergency procedures & assembly point | | |  | | Talking safety: consultation & issue resolution | |  | Emergency procedures display | | |  | | Bullying, stress, workplace behaviour policies | |  | Emergency Contact Numbers display | | |  | | Smoke, alcohol and drug Policy | |  | Extinguisher location and type | | |  | | Welfare facilities | |  | First Aid kit and First Aider | | |  | | Return to Work after injury | |  | Off-site emergencies | | |  | |  | | |  |  | | | | | **Incident Prevention** | | |  | **Other OHS Training** | | | | | **Topic for discussion:** | | **✓ X** | **Topic for Discussion:** | | | **✓ X** | | Safe work practices (specific to role) | |  | Site Visits | | |  | | General housekeeping for safety | |  | Driving for work | | |  | | Incident and Hazard Reporting | |  | Risk Management | | |  | | Workplace Safety Inspections | |  | | Personal Protective Equipment | |  | | Chemical Safety | |  | | Electrical Safety (cords, power boards) | |  | | Ergonomic Assessments (Workstation set up) | |  | | Manual Handling | |  | | List other OHS related training which may be required (as per position/role): | | | | | | | | | | Clarification on any of the above topics should be sought from **[INSERT CONTACT/ROLE NAME HERE].** | | | | | | | | | | **Worker Declaration** | **My signature below indicates that the topics listed above have been discussed and understood** | | | | | | | | | Worker Name (Print) |  | | | | | | | | | Worker Signature |  | | | | Date |  | | | | Management Signature |  | | | | Date |  | | | | **This Checklist should be retained and filed in the Employee’s Personnel File** | | | | | | | | | | | |