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| **Administration** |
|  |
| Company: |       |
|  |
| Position: |       |
|  |
| Name of Employee: |       |
|  |
| **General Induction**  |
|  |
| **Company Overview** | Initial |  | Initial |
| Welcome |  | Stakeholders |  |
| Our Company |  | Our Mission Vision and Values |  |
| What We Do |  |  |  |
| **Company Overview conducted by:** |
| **Name:**  |  | **Signature:** |  | **Position:** |  |
| **Inductee:** I have been shown and understand the above items. |
| **Name:** |  | **Signature:** |  | **Date:** |  |
|  |
| **Your Employment** |
| National Employment Standards |  | Incorrectly Paid |  |
| Confidential Medical Information |  | Superannuation |  |
| Human Resources and Payroll |  | Hours of Work |  |
| Changing of Bank Account or Personal Details |  | Wage and Performance Review |  |
| Pay Days |  | Reimbursement of Expenses |  |
| **Employment Overview conducted by:** |
| **Name:** |  | **Signature:** |  | **Position:** |  |
| **Inductee:** I have been shown and understand the above items. |
| **Name:** |  | **Signature:** |  | **Date:** |  |
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| **Leave Entitlements** |
| Annual Leave |  | Doctors Certificates |  |
| Annual Leave Request Form |  | Sick Leave Documentation |  |
| Annual Leave Payments |  | Carers Leave |  |
| Long Service Leave |  | Compassionate Leave |  |
| Absence from work |  | Maternity / Parental Leave |  |
| Sick Leave |  | Study / Training Leave |  |
| **Leave Entitlements Overview conducted by:** |
| **Name:** |  | **Signature:** |  | **Position:** |  |
| **Inductee:** I have been shown and understand the above items. |
| **Name:** |  | **Signature** |  | **Date:** |  |

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| **Personal Protective Equipment issued to Worker** |
| Hard hat |  | Clear safety glasses  |  |
| Darkened safety glasses  |  | Glove belt clip with rigger / stinger gloves |  |
|  |  |  |  |
| **Personal Protective Equipment issued to Worker after probation period** |
| 2x High Visibility long Sleeve shirts  |  | 1 x Hi-ankle lace / zip up steel capped safety boots  |  |
| 2 x Cargo pants or denim jeans  |  | 1 x Wet Weather Clothing |  |
|  |  |  |  |
| **Issue of Personal Protective Equipment conducted by:** |
| **Name:** |  | **Signature:** |  | **Position:** |  |
| **Inductee:** I have been issued the above checked items. |
| **Name:** |  | **Signature:** |  | **Date:** |  |
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| **Work Environment and Site Orientation** |
| Company Uniforms and Image |  | Meeting Rooms  |  |
| Car Parking |  | Printing |  |
| Work Areas |  | Recycling Bins |  |
| Amenities |  | Security Disposal / Shredders |  |
| Security |  | Waste Bins |  |
| **Site Orientation** |
| First Aid Room / Facilities |  | Fire Extinguishers and Alarms |  |
| Crib / Lunch Room (kitchen facilities) |  | Emergency Evacuation Assembly Points  |  |
| Change rooms / Toilets |  | Administration Personnel |  |
| Fuel Storage and Refuelling Procedure |  | Management Personnel |  |
| General Stores Area |  | Hazardous Chemical Storage Area |  |
| Administration Area (meeting room, offices, etc.) |  | Workshop / Maintenance Area |  |
| **Work Environment and Site Orientation Overview conducted by:** |
| **Name:** |  | **Signature:** |  | **Position:** |  |
| **Inductee:** I have been shown and understand the above items. |
| **Name:** |  | **Signature** |  | **Date:** |  |

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| **Work Health and Safety** |
| Work Health and Safety Responsibilities |  | Vehicle and Plant Daily Pre-Start Inspections |  |
| Consultation and Communication |  | Mobile Plant Operation |  |
| Work Health and Safety Committees |  | Noise  |  |
| Resolution of Work Health and Safety Issues |  | Hazardous Chemicals |  |
| Hazard Identification and Risk Assessment |  | Personal Hygiene |  |
| Corrective Action |  | Incident Reporting |  |
| Principal Mining Hazards (PMH) |  | First Aid Treatment |  |
| Safety Roles for Workers |  | Medical Treatment |  |
| Job Safety Analysis (JSA) |  | Workers Compensation |  |
| Safe Operating Procedures (SOP) |  | Rehabilitation |  |
| Safe Work Method Statements (SWMS) |  | Plant Maintenance |  |
| Safety Signs |  | Plant and Equipment Isolation and Lock-Out |  |
| Personal Protective Equipment |  | Danger and Out of Service Tags  |  |
| Sunburn and Skin Cancer |  | Loose Clothing and Jewellery |  |
| Sun Protection |  | Machinery and Conveyor Guarding |  |
| Heat Exhaustion and Heat Stroke |  | Hot Work |  |
| Fire |  | Ladders |  |
| Emergency Response |  | Scaffolding |  |
| Fitness for Work - Drugs and Alcohol |  | Working at Height |  |
| Prescribed Medications |  | Confined Spaces |  |
| Fatigue Management |  | Respirators |  |
| Smoking |  | Compressed Air |  |
| Hazardous Manual Tasks and Musculoskeletal disorders |  | Electrical Equipment (Portable) |  |
| Licences and Certificates of Competency |  | Electrical Storms |  |
| Vehicles and Traffic Control |  | Blasting |  |
| Chemical Spillage |  | Site Contact Details |  |
| **Work Health and Safety Overview conducted by:** |
| **Name:** |  | **Signature:** |  | **Position:** |  |
| **Inductee:** I have been shown and understand the above items. |
| **Name:** |  | **Signature:** |  | **Date:** |  |

When completed, return to ***(insert position title)*** for filing into personal / training file.

***Note:*** *The above template shall need to be reviewed and modified to suit your specific operation.*