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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:** |  | |
|  | | | | | | | | | |
| **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:** |  | | |
|  | | | | | | | | | | | |
| **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.*