

Form 16B – Induction Checklist

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| **Name of parish/agency:** |
| **Start date:** | **Facilitator:** |
| **Induction date:** | **Position:** |
| **WORK AREA** | **Yes** | **No** | **N/A** |
| The worker has been shown work area(s) |  |  |  |
| The worker has been shown amenities. |  |  |  |
|  |  |  |  |
| **WORKPLACE HEALTH & SAFETY** | **Yes** | **No** | **N/A** |
| WHS policies & responsibilities have been provided & explained. |  |  |  |
| The archdiocesan policy on bullying, discrimination & harassment have provided & explained. |  |  |  |
| The incident & hazard reporting process have been explained. |  |  |  |
| The worker has been informed as to any risks to health & safety associated with performing his/her work. |  |  |  |
|  |  |  |  |
| **EMERGENCY PROCEDURES** | **Yes** | **No** | **N/A** |
| Accident & emergency procedures including the fire evacuation procedures have been explained. |  |  |  |
| The worker has been shown the emergency exit areas. |  |  |  |
| The worker has been informed about bomb threat procedures. |  |  |  |
| The names & locations of fire wardens have been provided. |  |  |  |
|  |  |  |  |
| **FIRST AID** |  |  |  |
| The worker has been advised of the name & location of first aid officers. |  |  |  |
| The worker has been informed as to the location of the first aid kit. |  |  |  |
| The worker has been informed of the injury reporting procedures. |  |  |  |
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| **WORKPLACE SPECIAL NEEDS** |  |  |  |
| The worker has been asked if there are any special needs with respect to work health & safety (and they have been noted). |  |  |  |
|  |  |  |  |
| **Worker signature: Date:** |  |
| **Facilitator signature: Date:** |  |