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|  | | | | | |  |
| Employee name: |  |  | Position/job title: |  |  |  |
| Employment start |  | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_ | Supervisor/manager: |  |  |  |
|  |  |  |  |  | |  |

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| **This workplace** | |
| have been shown/introduced to: | |
|  |  My supervisor/manager |
|  |  Other employees |
|  |  Key jobs, tasks and responsibilities |
|  |  Work area, toilets, eating and drinking facilities |
|  |  Where to make phone calls and collect messages |

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| **Employment conditions** | |
| I know about: | |
|  |  Work times and meal breaks |
|  |  Rates of pay and how payment is made |
|  |  Leave entitlement |
|  |  Sick leave and who to call if I’m sick |

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| **Health and safety** | |
| I have been shown: | |
|  |  How to do my job safely, including the use of guards and other safety equipment |
|  |  The safety signs and what they mean |
|  |  How to safely use, store and maintain safety equipment |
|  |  How to safely use, store and maintain equipment, machinery, tools and hazardous substances |

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| **Health and safety** | |
| I know: | |
|  |  My responsibilities as an employee |
|  |  Who my health and safety representatives and committee members are |
|  |  When the health and safety committee meets |
|  |  Where health and safety information is kept |

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| **Hazards** | |
| I know: | |
|  |  The hazards in my workplace |
|  |  The controls for these hazards |
|  |  How to report hazards |
|  |  Where records of hazards are kept |
|  |  The procedures for working safely |
|  |  I will receive the results of personal health monitoring |

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| **Emergencies** | |
| I am familiar with: | |
|  |  The location of the emergency exits |
|  |  The location of the fire extinguishers |
|  |  The evacuation procedure |
|  |  The first-aid kit and its location |
|  |  Who can provide first-aid (if applicable) |

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| My assembly area is: |

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| **Incidents and injuries** | |
| I know: | |
|  |  To report injuries, near hits and misses and early signs of discomfort and how to report them |
|  |  Where incident/injury forms are kept |
|  |  Who I report to |
|  |  Reports will be investigated and I will be informed of the results |

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| Signed by employee: |  | Date: |  |
| Signed by manager: |  | Date: |  |