**Integrated Management System**

Site Induction Checklist

|  |  |
| --- | --- |
| **Check the following induction items listed below. Tick if applicable and understood. If you are unsure about anything, ask the Supervisor.** | |
| ☐ | Project details including client details, scope of works etc. |
| ☐ | Roles & Responsibilities and site management contact details |
| ☐ | Key OHS/WHS and environmental issues, and controls on-site |
| ☐ | Site Rules |
| ☐ | Emergency Response & Preparation Procedure |
| ☐ | Hazard, Incident & Complaint Reporting Procedure |
| ☐ | Safe Work Method Statements (SWMS) |
| ☐ | Inspection & Test Plans (ITPs) |
| ☐ | Location of site amenities including first aid and fire extinguishers |

| **Employee Details** | | | |
| --- | --- | --- | --- |
| Name |  | Company |  |
| License No. |  | Induction No. |  |
| Operator’s License No.  *(if applicable)* |  | On-site Mobile No.  *(if applicable)* |  |

*By signing below, I confirm that I have received the Induction Training prior to beginning work on-site. I understand that I am to perform all my activities in accordance with the relevant OHS/WHS Act,* *codes of practice and items referred to herein. I understand my obligations to work safely at all times and to alert my Supervisor immediately of any unsafe acts of workplace hazards that come to my attention.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Competencies – Supervisor is to determine the competencies required for the role and tick off that the worker is competent:** | | | |
| ☐ |  | ☐ |  |
| ☐ |  | ☐ |  |
| ☐ |  | ☐ |  |

| **Site Induction Checklist** | Issue Date: | Review Date: | Version: 1 |
| --- | --- | --- | --- |
| Printed Documents may not be current. Ensure currency prior to use. | | Authorised by: | |

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| --- | --- | --- |
|  |  |  |
| Inductee Sign |  | Date |
|  |  |  |
| Supervisor Sign |  | Date |

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