## WORK HEALTH AND SAFETY INDUCTION CHECKLIST - Labour Hire Worker

This induction checklist must accompany the new inductee during the site induction process



Inductee details First name:	Surname:				IEMP FILL-INS					
Dental Practice:										
Worksite Address:										
Date of induction: Inductor:										
Inductee item checklist	Inductor and Inductee to initial each item when	n completed	Tick	Inductor	Inductee					
Completed host employer's gene responsibilities and handbook										
Shown the location of first aid eq										
Shown the location of firefighting										
Site evacuation and emergency Assembly point/s and evacuation r Emergency communication strateg										
Shown kitchen amenities, toilets										
Initial on-the-job training for daily routine										
Workplace general procedures and rules including hours of work, security requirements and parking/transport explained										
Issued protective equipment/safe	ety gear (PPE)									
Gloves Fa	ace masks/shields Safety glasses	Other:								
Inductee introduced to: Administration Managers/Supervisors Workplace Colleagues Administration										
Tour of work site provided										
Hazardous chemicals/substance	es locations & procedures (including storage, spills, S	SDS, etc.)								
Initial introduction to immediate work environment workplace hazards and risk assessments explained										
Induction to relevant safe procedures										
Equipment safety O N/A										
Workplace violence, bullying and harassment/code of conduct explained										
Workplace non-smoking policy explained ON/A										
Workplace drug and alcohol polic	cy explained	0 N/A								
Induction to any specialised equi	ipment and training in use	○ <b>N/A</b>								

## DECLARATION

I acknowledge that I, the undersigned, have been advised on all of the above listed items and understand the points discussed. Where appropriate, I also undertake to use and have been instructed in the correct usage of Personal Protective Equipment (PPE). I accept that compliance to safe work practices is a condition of my continued access to the site and also a requirement under the WHS legislation.

The inductor has reiterated the key points of this induction program and I understand the procedures involved.

Inductee's Name (Please print)	Signature	Date
Inductor's Name (Please print)	Signature	Date

Once completed, this form needs to be email on the same day to <u>tracey@tempfillins.com.au</u> Thank you