

WORKPLACE INTRODUCTION CHECKLIST



WORKPLACE NAME _____

EMPLOYEE NAME _____

SUPERVISOR/MANAGER _____ EMPLOYMENT START DATE ____ / ____ / ____

POSITION/JOB TITLE _____

THIS WORKPLACE

I have been 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

HAZARDS

I know:

- ☐ What the hazards are in my workplace
- ☐ What the controls are for these hazards
- ☐ How to report hazards
- ☐ Where records of hazards are kept
- ☐ Safe work procedures
- ☐ That I will receive the results of personal health monitoring

EMPLOYMENT CONDITIONS

My employer has covered:

- ☐ Work times and meal breaks
- ☐ Rates of pay and how payment is made
- ☐ Leave entitlement
- ☐ Sick leave and who to call if sick

EMERGENCIES

I am familiar with:

- ☐ Where the emergency exits are
- ☐ Where the fire extinguishers are
- ☐ The evacuation procedure
- ☐ Where the first aid kit is
- ☐ Who first aiders are (if applicable)

☐ My assembly area is _____

☐ My emergency wardens are _____

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 use, store and maintain safety equipment safely
- ☐ How to use, store and maintain equipment, machinery, tools, and hazardous substances safely

INCIDENTS AND INJURIES

I know how to report:

- ☐ Injuries
- ☐ Near hits/near misses
- ☐ Early signs of discomfort
- ☐ I know reports will be investigated and
- ☐ I will be kept informed of the results

☐ Incident/Injury forms are kept _____

☐ I report to _____

I know:

- ☐ My responsibilities as an employee
- ☐ Who my health and safety representative is
- ☐ Health and safety committee members (or similar employee group) and when they meet
- ☐ Where health and safety information is kept

Employee _____ Date ____ / ____ / ____

Manager _____ Date ____ / ____ / ____



Fleet Safety

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