

# Induction Training Record



This induction checklist is to be used as a guide to the minimum information that should be explained and passed to each new employee. If any area is considered not relevant to the employee's position, then that box must be marked as N/A by the Manager. All other boxes must be ticked to confirm induction. Each employee is to confirm having received induction by signing the form which will be witnessed by a company representative and then filed on the employee's training file.

This is to be completed by the supervisor/manager during the first week of employment with as much as practically possible being completed on the first day.

Company Information	Company Procedures	Personnel Administration
Company History	Consultation / Communication	Letter of Offer
Company Structure	Issue Resolution	Pay Rate
	Purchasing	Superannuation
Office Introductions	Protective Clothing	Awards / Agreement
Site Introductions	Training	
	Company Vehicles	
WHS Policy	Inj. Mgt / WorkCover	Job Classification
Drug & Alcohol / Fitness Policy		Job Description
Rehab & Return to Work Policy		Hours of work
Harassment Policy		Overtime
Training Policy	Hazard / Risk Mgt	Timesheets
Consultation & Communication Policy	Incident Reporting / Investigation	Pay Procedure
	First Aid / Emergency Response	
	Plant & Equipment	
		Sick leave
Current Projects:		Annual Leave
		Lateness
	Specific Hazards:	
		Performance Appraisals System
		Discipline / Termination
		Travel
		Expense Reimbursements
		Company Phone
		Computer
		Fuel Card
		Disclosure of Information
		Return of property

I confirm by my signature below that the above ticked items have been explained to me and that I have a full understanding of the training received.

Employee Name	Employee Signature	Date
Managers Name	Managers Signature	Date

<b>Page Number:</b>	1 of 2	<b>Document Number:</b>	FORM 005	<b>Parent Document:</b>	WHS PROCEDURES
<b>First Issued:</b>	11.01.2018	<b>Last Reviewed:</b>	01.12.2021	<b>Next Review:</b>	01.12.2022
<b>Version:</b>	1.0	<b>Owner:</b>	Bartsch Builders	<b>Authorisation:</b>	Kristie Bartsch
This document is uncontrolled when printed.					

<b>Page Number:</b>	2 of 2	<b>Document Number:</b>	FORM 003	<b>Parent Document:</b>	WHS PROCEDURES
<b>First Issued:</b>	20.11.2017	<b>Last Reviewed:</b>	01.12.2021	<b>Next Review:</b>	01.12.2022
<b>Version:</b>	1.0	<b>Owner:</b>	Bartsch Builders	<b>Authorisation:</b>	Kristie Bartsch
This document is uncontrolled when printed.					