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| **Employee Name** |  |
| **Position Description** |  |
| **Operational Area** |  |

The manager responsible for the office where the new employee will normally work must ensure that all new employees under their control attend induction training upon commencement of duties in their assigned place of work.

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| **Operating Principles** |
| Our people will apply the following principles in their dealings with our Customers, Suppliers, Contractors, the community and ourselves, does the Inductee understand that they should: |
| 1. Adopt an active approach to achieving client expectations;
 | Yes 🞏  |
| 1. Consult continuously with customers regarding their needs;
 | Yes 🞏  |
| 1. Adopt best practices and quality principles in client and employee relations;
 | Yes 🞏  |
| 1. Achieve value for money for the client;
 | Yes 🞏  |
| 1. Resolve conflicting interpretations through consultation and negotiation;
 | Yes 🞏  |
| 1. Deal fairly with suppliers in cooperative partnership;
 | Yes 🞏  |
| 1. Provide effective leadership for our people;
 | Yes 🞏  |
| 1. Apply relevant service, engineering, technical, and management standards;
 | Yes 🞏  |
| 1. Promote good health and working safety;
 | Yes 🞏  |
| 1. Promote teamwork while respecting the individual; and
 | Yes 🞏  |
| 1. Practice as a good corporate and community citizen.
 | Yes 🞏  |
| **Roles and Responsibilities** |
| All employees are responsible for the quality of work they carry out, and for ensuring: |
| 1. That the need for additional procedures, instructions or training is identified and brought to the attention of their supervisor or manager;
 | Yes 🞏 |
| 1. That when assigned to a task, they confirm that they are qualified and experienced in their technical discipline and can perform their assigned duties in a satisfactory and safe manner;
 | Yes 🞏 |
| 1. That they are familiar with procedures and instructions applying to their tasks;
 | Yes 🞏 |
| 1. Adherence to procedures required by statutory regulations and policies; and
 | Yes 🞏 |
| 1. That they strive for excellence in their tasking and participate willingly in the improvement of business systems
 | Yes 🞏 |
| 1. Who the relevant local safety contacts are (Safety Officers etc.)
 | Yes 🞏 |
| **Access Requirements** |
| Does the inductee require access to the work area? |
| 1. Only under supervision
 | Yes 🞏  |
| 1. Only during business hours
 | Yes 🞏 |
| 1. After-hours, during weekends or on public holidays
 | Yes 🞏 |
| **Emergency Preparedness**  |
| Has the local emergency procedure been covered, including calling for emergency services? | Yes 🞏 |
| Has the inductee been made aware of the locations and use of the following? |
| 1. Emergency evacuation map (e.g. locate nearest map)
 | Yes 🞏 |
| 1. Assembly point (e.g. demonstrate evacuation route)
 | Yes 🞏 |
| 1. Fire extinguisher, fire blankets, etc.
 | Yes 🞏 |
| 1. Break glass alarms
 | Yes 🞏 |
| 1. Emergency phones (WIP phones)
 | Yes 🞏 |
| Has the inductee been instructed on how to receive First Aid from a trained First Aider (e.g. names displayed on First Aid kit) | Yes 🞏 |
| Has the inductee been advised of the location of the nearest Hospital | Yes 🞏 |
| **Risk Management** |
| Has the inductee been made aware that risk management must be completed prior to hazardous work (task, activity, process) being undertaken | Yes 🞏 |
| Has the inductee been made aware that risk management must be updated prior to any change to all hazardous work (task, activity, process) | Yes 🞏 |
| Has the inductee been given access to any relevant risk management documentation including Risk Assessments and Safe Work Instructions | Yes 🞏 |
| Has the inductee been made aware of training requirements as identified by risk management and Training Requirements matrix  | Yes 🞏 |
| Has the inductee been made aware that travel activities (e.g. international, urban, rural and remote) must be risk managed | Yes 🞏 |
| Has the inductee been made aware of the tools available to assist in the management of manual handling hazards? | Yes 🞏 |
| Has the inductee been made aware of the tools to help you with incorporating more movement into your day and ensuring that you have an ergonomic workstation set-up? | Yes 🞏 |
| **Nonconformity, hazard and incident reporting** |
| Has the inductee been made aware that they must take all reasonably practicable steps for their own health and safety, and of others who may be affected by their actions at work | Yes 🞏 |
| Has the inductee been made aware that all nonconformances, hazards and incidents, including injuries and near misses, must be reported? | Yes 🞏 |
| Has the inductee been made aware that all hazards and incidents must be reported to their respective supervisor for his or her prompt action within 24 hours of being identified? | Yes 🞏 |
| Has the inductee been made aware that they must not wilfully interfere with or misuse items or facilities provided in the interests of health, safety and welfare of other employees | Yes 🞏 |
| **Sign Off** |
| I understand that by signing this form, I agree to observe all company requirements | Yes 🞏 |
| Name & Signature of Inductee: Date: |
| Name & Signature of Supervisor: Date: |