SITE INDUCTION CHECKLIST – EMPLOYEES/VISITORS INDUCTION

1 **Inductee's Details**

Surname: _____ **Forenames:** _____

Home Address: _____
_____
_____

Postcode: _____

Phone: _____

2 **Employer Details**

Company Name: _____

Address: _____
_____
_____

Postcode: _____

Phone: _____

3 **Client Requirement**

Induction Required **Yes** ☐ **No** ☐

If yes, when/where held Date: ___/___/___ Location: _____

4 **Company Requirements and General Site Rules**
(Tick boxes when topics have been discussed)

1)	Safety organisation (chain of command) explained	☐	7)	Fire procedure and precautions	☐
2)	Site attendance procedure, daily signing in or shown security card	☐	8)	Alcohol poilicy/	☐
3)	First-aid and accident/ill health reporting	☐	9)	Smoking policy	☐
4)	Report to site office and 'sign out' before leaving	☐	10)	Personal Protective Equipment	☐
5)	Hazardous locations/no go areas	☐	11)	Plant/Equipment/Traffic	☐
6)	Welfare arrangements	☐	12)	Personal equipment	☐

5 **Your Health**
Should the Company and your work colleagues know about your health? Are you taking any specially prescribed medication? Are you epileptic or diabetic, or do you have a heart condition? If we all know – we can help you if you become ill – if we don't know – any help may be too late:

_____
_____

6 **General**
I confirm that I understand my own personal responsibility for Health, Safety, Hygiene and the environment.

I also understand that I may be subject to discipline by the company or by my own employer, or both and that I could face prosecutionby Health and Safety Inspectors if I do not comply with safety rules and policies.

I understand that I may be removed from site if I do not follow Health and Safety policy rules and procedures.

7 **Do not put yourself or others at risk**
If you are in doubt about anything – seek help or guidance from your own, and/or site supervision.

(Signed Inductee): _____ (Signed Inductor): _____

Date: ___/___/___ (Print Inductor): _____