CONTRACTOR MANAGEMENT ATTACHMENT 6

***SECTION 3*** *Framework for Health and Safety Management*

SITE INDUCTION CHECKLIST

Location of Worksite:

|  |  |
| --- | --- |
| Responsible Person: | Signature: |
| Position: | Date: |

The Responsible Person (RP) shall provide relevant information on the following points to personnel being inducted to site.

***ATTACHMENT***

|  |  |  |  |
| --- | --- | --- | --- |
| **INDUCTION ITEM** | **YES** | **NO** | **N/A** |
| 1 | Sign In/Out book |  |  |  |
| 2 | Emergency process and assembly area |  |  |  |
| 3 | Emergency equipment locations (e.g. fire extinguishers) |  |  |  |
| 4 | First aid kit location and details of first aider/s |  |  |  |
| 5 | Major HS hazards and control measures on site (including no-go zones): Details: |  |  |  |
| 6 | Minimum site PPE Hard hat Safety glasses Safety footwear Long sleeved shirt Long trousers High visibility vest Gloves Other: |  |  |  |
| 7 | Location of chemicals, MSDS, spill kits and emergency showers |  |  |  |
| 8 | HS documentation requirements (JSEA’s, Permits etc.) |  |  |  |
| 9 | Hazard reporting and incident notification requirements |  |  |  |
| 10 | Other activities taking place at the site |  |  |  |
| 11 | Site amenities (toilet, drinking water, smoking areas etc.) |  |  |  |
| 12 | Parking arrangements and speed limits |  |  |  |
| 13 | Health and Safety Representative and other contact details |  |  |  |

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| **INDUCTION ATTENDANCE SIGN OFF** |
| The above site specific Health and Safety information has been adequately explained to me |
| Name | Company | Signature | Supervisor Initial |
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