



Occupational Health & Safety Induction Checklist

School:	
Employee Name:	
Job Title:	
Date:	
General Induction <i>(The workplace is to ensure that the above named employee has been provided with following information and/or instructions)</i>	Provided
MACS OHS and St Margaret Mary's Policy	<input type="checkbox"/> Yes
OHS Issue Resolution Flowchart	<input type="checkbox"/> Yes
The name(s) of the Health and Safety Representative(s)	<input type="checkbox"/> Yes
Hazard, incident and near miss reporting procedures	<input type="checkbox"/> Yes
Information on employee support services (e.g. Employee Assistance Program and Conflict Resolution Support Service).	<input type="checkbox"/> Yes
Location of amenities	<input type="checkbox"/> Yes
First Aid Procedures	<input type="checkbox"/> Yes
Introduction to First Aid Officer(s) and location of First Aid Rooms/Kits	<input type="checkbox"/> Yes
Emergency Procedures	<input type="checkbox"/> Yes
Introduction to Return to Work Coordinator	<input type="checkbox"/> Yes
Traffic Management Plan (if applicable)	<input type="checkbox"/> Yes
Chemical Register and associated Material Safety Data Sheets (if applicable)	<input type="checkbox"/> Yes
Introduction to Asbestos Coordinator (if applicable)	<input type="checkbox"/> Yes
Current Asbestos Management Plan and Asbestos Register (if applicable)	<input type="checkbox"/> Yes

OHS Training Requirements (tick when completed)		Completed
Identification and allocation of time to complete health and safety training: Assigned OHS for New Employees eLearning Module – <i>completed within the first week of employment</i>		<input type="checkbox"/> Yes
Assigned OHS Training allocated via OHS eLearning Modules – <i>completed within the first 6 months of employment</i>		<input type="checkbox"/> Yes
Job Specific Induction (tick when completed)		Completed
Task specific Safe Work Procedures have been provided and explained (e.g. use of plant and equipment)		<input type="checkbox"/> Yes
Signatures		
Employee – <i>I have completed all identified training and understood the OHS induction applicable to my appointment.</i>	Signature: Date:	
Principal or designated OHS Officer - <i>I certify the above-mentioned employee has completed an OHS induction and relevant training.</i>	Signature: Date: Name: Position:	