|  |
| --- |
| Induction plan |
| Name of company: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Provide name of the company] |
| Induction plan for the year: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Mention relevant year] |
| The values this company stands for: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Mention the ethical standards and values the company functions by] |
| Office hours (subject to conditions): ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [hrs]  [Mention the relevant timings] |
| Induction training dates:  [Mention the dates for the special induction training that new employee/s will undergo] |
| Purpose of the induction training:  [Enumerate why the induction training will benefit the new employees] |
| Important numbers:  Sexual harassment cell: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office of the employee services: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [Provide the contact details] |

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| WHS Checklist | | | |
| **Worker’s Name** |  | **Position/Job Title** |  |
| **Start Date** |  | **Supervisor Name** |  |
| **Introduction** | | | **Date completed** |
| 🞎 Introduce other staff and the supervisor | | |  |
| 🞎 Introduce the first aid officer and show location of first aid supplies | | |  |
| 🞎 Explain and demonstrate emergency procedures | | |  |
| 🞎 Show location of exits and equipment | | |  |
| 🞎 Show the work area, toilet, drinking water and eating facilities | | |  |
| 🞎 Show how to safely use, store and maintain equipment (tools etc) and  hazardous substances (if applicable) | | |  |
| **Work Health and Safety** | | | |
| 🞎 WHS Induction Training Program for Workers (complete copy) | | |  |
| **On completion of Safety Induction Training Program confirm the following:** | | | |
| 🞎 Roles and responsibilities of people in the workplace regarding WHS | | |  |
| 🞎 Hazards in the workplace and how they are controlled | | |  |
| 🞎 How to report hazards | | |  |
| 🞎 How to report an injury and the importance of immediate reporting of  serious injuries. | | |  |
| 🞎 Consultation about WHS—how they will be kept informed about health  and safety issues | | |  |
| 🞎 Injury and Return to Work Procedures | | |  |
| 🞎 Roles and responsibilities of people in the workplace regarding WHS | | |  |
| **WHS Induction conducted by:** | | | **Date** |
| **Person providing the induction (print name):** | | |  |
| Signature: | | |  |
| Worker’s Signature: | | |  |

References

Australian Government.Comcare.(2016).Comcare: Work Health and Safety (WHS) Management Plan Template

Retrieved from: <https://www.comcare.gov.au/__data/assets/pdf_file/0008/145286/WHS_123a_04706_May17_v1fill-b66aa8587c8c4523af9505ce097736d4.pdf>