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Induction Quiz - *(Please circle the correct answer)*

1. What should you do if you identify a hazard?

- ☒ a) Advise your supervisor
- b) Don't tell anyone and Ignore it
- c) Go home

2. Before entering the manufacturing area you must?

- a) Wear appropriate protective clothing (i.e. dust coat)
- b) Remove all jewelry
- c) Wash and sanitized hands
- ☒ d) All of the above

3. When an accident happens in the workplace what should you do?

- a) Pretend you did not see anything
- ☒ b) Ensure it has been reported to your supervisor
- c) Continue working

4. All employees/contractors shall:

- a) protect his or her own safety at work
- b) obey and abide all safety guidelines
- c) do not jeopardize other employees safety
- ☒ d) all of the above

5. Work place health and safety is the responsibility of?

- a) Employers only
- b) Workers only
- ☒ c) Everyone associated with the workplace

6. The smoking policy allows:

- a) Smoking anywhere
- ☒ b) Prohibits smoking inside the facility and the grounds
- c) Smoking in only designated areas
- d) During designated breaks

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7. While working with machinery you must:

- a) Ensure all safety procedures are followed
- b) Ensure you are wearing Personal Protective Equipment
- c) Ensure you do not tamper with levers, shafts, etc
- ☒ d) All of the above

8. Why do fire extinguishers have different colored bodies?

- a) To blend with the décor
- b) To indicate their capacity
- ☒ c) To identify their specific use
- d) To look pretty simplified

9. When should hands be washed and sanitized?

- a) Before and after working with food
- b) After using the toilet
- c) After smoking, coughing, sneezing
- d) Every time (at entry to Production)
- ☒ e) All of the above

10. Which items are you allowed to bring in Production area?

- a) Phone
- b) Chewing gum/ sweets
- c) Personal items (Cigarettes, lighters, jewellery)
- ☒ d) None of the above

Employee Signature: _____

Print Name: _____

Date: _____ Attempts: _____

To be completed by Instructor only:

Trainee Score: _____	Outcome: Passed assessment <input type="checkbox"/> Retrain <input type="checkbox"/>
Assessor: _____	Signature: _____ Date: _____