

Workplace Specific Induction Checklist

Blank Specific Job Location to be entered

PCBU (Your Company):							
Site Address:							
Inductee Name:	Phone:						
Home Address:							
Email:							
Post Code:	DOB:						
Next of Kin:	Contact No:						
Known Allergies Medical Conditions That May Affect Your Work							
Certificates of Competency Licences - Sighted	Issue Date	Y	Ν	N/A			
General Induction Training (White Card)							
Asbestos Awareness Card							
Silica Awareness Training							
Issues Specific to this Site							
WHS Management Plan							
Site Safety Rules Procedures							
Emergency Management Plan							
Site-Specific Hazards Risk Control Measures							
Incident Hazard Injury Reporting							
Amenities							
High-Risk Construction Work Safe Work Method Statements							
Housekeeping							
Testing Tagging							
Safety Data Sheets							
PPE Requirements							

I acknowledge having been inducted into the above-mentioned site and had explained to me the topics above as indicated. I agree to comply with all conditions, site rules and requirements.

Name:	Signature:	Date:	
Inducted By			
Name:	Signature:	Date:	

