

HOST COMPANY OSH INDUCTION RECORD FORM

Attachment 4

For Use by the Host Company

Employee Name:		Gel Group Manager Name:	
Host start date:		Host Induction date:	
Host Company Name:			
Host Contact Person:			
INDUCTION SUBJECT AREA (tick as appropriate)	YES	NO	N/A
<i>TOUR OF SECTIONS</i>			
• General workplace layout			
• Restricted areas			
• Safety signs pointed-out			
• Noticeboards			
• First aid kits/facilities			
• Emergency exits and fire extinguishers			
• Emergency evacuation assembly area			
• Amenities			
• Names of OSH, first aid and emergency response personnel			
EXPLANATION OF OSH PROCEDURES			
• Company OSH policy			
• OSH responsibilities – employee duty of care			
• Reporting of workplace hazards			
• Safety Representatives and Safety committee			
• Hazardous substances register			
• Toolbox meetings			
• OSH Issue resolution procedure			
• Location and use of personal protective equipment			
• Incident reporting and investigation			
• First aid and emergency procedures			
CRITICAL SAFE WORK PROCEDURES OR INSTRUCTION			
<i>(specify)</i>			
•			
FOLLOW UP ACTION REQUIRED/TRAINING NEEDS IDENTIFIED			
..... <i>(insert name)</i> has been instructed on the contents of this induction checklist.			
Host Supervisor signature:			
I have received and understand instructions given in reference to the items contained in this induction checklist.			
Signature of employee being inducted:			
PLEASE SEND A COMPLETED COPY OF THIS FORM TO GEL GROUP			