

OHS Induction Checklist-Schools

Workplace:	CAVENDISH PRIMARY 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
Department Health, Safety and Wellbeing (HSW) Policy		<input type="checkbox"/> Yes
OHS Issue Resolution Flowchart		<input type="checkbox"/> Yes
The names of the Health and Safety Representative and Management OHS Nominee (if applicable)		<input type="checkbox"/> Yes
Hazard, incident and near miss reporting procedures (eduSafe)		<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 Co-ordinator		<input type="checkbox"/> Yes
Traffic Management Plan		<input type="checkbox"/> Yes
Chemical Register and associated Material Safety Data Sheets		<input type="checkbox"/> Yes
Introduction to Asbestos Co-ordinator		<input type="checkbox"/> Yes
Current Asbestos Management Plan and Asbestos Register		<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, see DET LearnED (hosted on eduPay).</i>		<input type="checkbox"/> Yes
Assigned OHS Training allocated via OHS eLearning Modules – <i>completed within the first 6 months of employment, see DET LearnED (hosted on eduPay).</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:	
Workplace Manager and/or Management OHS Nominee - <i>I certify the above-mentioned employee has completed an OHS induction and relevant training.</i>	Signature: Date: Name: Position:	