



DOCUMENT NUMBER: QMS100207	TITLE: Health & Safety Induction Checklist	
REVISION: 3	DOCUMENT CLASSIFICATION: 03-Form, Template or Other	

Health and safety induction

Name of employee:	
Date employment commenced:	
Date training commenced:	


Management – has the employee been: -	Yes/No	Initials	
		Trainer	Employee
Given a copy of the company’s health and safety policy to read?			
Informed about the company’s risk assessments?			
Informed about the company’s COSHH assessments?			
Issued with copies of all completed assessments to read?			
Informed of who their immediate Supervisor is and to whom they should report to in their absence?			
Instructed as to what machinery or equipment they are permitted to use or operate?			
Instructed about the company’s grievance procedure and about disciplinary action that may result from any breaches of health & safety legislation?			
Advised about all aspects of the Health & Safety at Work etc. Act 1974 that affect them and to which they must comply?			
Returned the signed acknowledgement slip from the Employee Handbook?			
Instructed about the importance of knowing who is on the company premises?			
Informed about the importance of not inviting unauthorised personnel onto the company’s premises?			

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Fire – has the employee been: -	Yes/No	Initials	
		Trainer	Employee
Instructed about the company's fire procedure?			
Advised of the location of the fire evacuation assembly point?			
Advised of the location of all the emergency exits?			
Made aware of the location of the alarm activation points?			
Shown the location of fire fighting appliances?			
Advised of which type of fire appliance to use in the event of a fire?			
Advised on how to operate the various fire extinguishers?			
Has the employee been advised on the day and time when the fire alarm is tested?			
First aid – has the employee been: -			
Instructed on who the company's First Aider is and where they can be located?			
Informed about the location of the first aid kit?			
Instructed about the importance of reporting all accidents?			
Made aware of the location of the accident book and informed of who completes the details in the book?			
Told about notifying the company if they are off work due to an accident at work?			
Defect reporting – has the employee been: -			
Made aware of their duty to visually inspect all work equipment prior to use?			
Instructed on the defective equipment policy operated within the company?			


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Instructed on how to use the hazard detection book and where it is located?			
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Personal protective equipment	Yes/No	Initials	
		Trainer	Employee
Has the employee been issued with the personal protective equipment that he / she is required to wear?			
Has the employee been trained in the use of any specialist equipment?			
Has the employee signed the personal protective equipment register?			
Has the employee been informed about the cleaning requirements for the personal protective equipment?			
Has the employee been informed about the procedure operated within the company for obtaining replacement equipment?			
If catering clothing is provided have employees been instructed on the locations where the clothing may be worn?			
Has the employee been instructed in the correct procedure for storing the personal protective clothing?			
Food hygiene (if relevant)			

Welfare	Yes/No	Initials	
		Trainer	Employee
Has the employee been advised on entrances/exits to be used?			
Has the employee been advised on parking arrangements?			
Has the employee been instructed on the location of the toilet and washing facilities?			
Has the employee been informed about the location of the staff rest room?			
Has the employee been instructed on where they can obtain hot and cold drinks?			
Has the employee been informed about the facilities provided for heating food?			
Has the employee been informed about the areas in which they are permitted to smoke?			

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Has the employee been informed about the location where they can store their personal clothing and property?			
Machinery and equipment			
Has the employee been given instruction on any specialist equipment that they are required to operate?			

Name of inductor:	
Signature:	
Date:	
Name of employee:	
Signature:	
Date:	