

Form SPEC-038/3

CONTRACTOR INDUCTION CHECKLIST

Name:

Company:

Date of Induction

Name of Person providing induction:

	<i>Please tick</i>	yes	no	if no, why?
1. Introduction		<input type="checkbox"/>	<input type="checkbox"/>
2. Organisational overview and site tour		<input type="checkbox"/>	<input type="checkbox"/>
3. Outline of site rules, provide copy		<input type="checkbox"/>	<input type="checkbox"/>
4. Outline of permit to work system		<input type="checkbox"/>	<input type="checkbox"/>
5. Emergency procedures		<input type="checkbox"/>	<input type="checkbox"/>
6. Hazard Reporting		<input type="checkbox"/>	<input type="checkbox"/>
7. Incident/Injury Reporting		<input type="checkbox"/>	<input type="checkbox"/>
8. First Aid		<input type="checkbox"/>	<input type="checkbox"/>
9. Use of PPE		<input type="checkbox"/>	<input type="checkbox"/>
10.Restricted Areas		<input type="checkbox"/>	<input type="checkbox"/>
11.Security and Access Arrangements		<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>
13.		<input type="checkbox"/>	<input type="checkbox"/>

.....
.....
.....

Information on the above has been provided to me

Name of Contractor

Signature

Date:.....