**Workplace induction checklist**

**FORM**

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# Workplace induction checklist

## Employee details

|  |  |
| --- | --- |
| Employee name: |  |
| Employee position: |  |
| Employee’s start date: |  |
| Supervisor’s name: |  |

### Explain your company:

[ ]  the structure

[ ]  the type of work

### Introduce your key people and their roles:

[ ]  manager/owner

[ ]  supervisor

[ ]  co‑workers

[ ]  health and safety representative (if applicable)

### Explain their employment conditions:

[ ]  job description and responsibilities

[ ]  leave entitlements

[ ]  notification of sick leave or absences

[ ]  out-of-hours enquiries and emergency procedures

[ ]  time recording procedures

[ ]  work times and meal breaks

### Explain their pay:

[ ]  name of award or agreement (if relevant) and award conditions

[ ]  pay arrangements

[ ]  rates of pay and allowances

[ ]  superannuation

[ ]  taxation and any other deductions (including completing the required forms)

[ ]  union membership

### Show your work environment:

[ ]  car parking

[ ]  eating facilities

[ ]  locker and change rooms

[ ]  phone calls and message collecting system

[ ]  wash and toilet facilities

[ ]  workstation, tools, machinery and equipment used for job

### Explain your workplace health and safety administration:

[ ]  roles and responsibilities, including:

[ ]  employer duty of care

[ ]  worker responsibilities

[ ]  workplace commitment to safety

[ ]  outcome for failure to comply with safety directions/procedures

[ ]  consultative and communication processes, including

[ ]  how to raise issues and receive feedback

[ ]  times and purpose of safety/staff toolbox meetings

[ ]  incident reporting procedures, including:

[ ]  necessity of reporting hazards, near misses and incidents

[ ]  where to find reporting forms

[ ]  reporting broken or damaged equipment

[ ]  workers compensation claims process and rehabilitation, including:

[ ]  reporting injuries

[ ]  obtaining work capacity certificate

[ ]  suitable duties program

[ ]  support and communication with employer throughout process

### Explain your policies and procedures on:

[ ]  code of conduct

[ ]  EEO, discrimination, bullying and harassment

[ ]  alcohol and other drugs

[ ]  performance, counselling and discipline

[ ]  Workplace health and safety

*Tick all that apply and list others below:*

Click or tap here to enter text.

### Show your workplace health and safety environment:

[ ]  information on workplace hazards and controls

**Safe work procedures** (SWPs, JSAs, etc.) – e.g., *using machinery, receiving stock. List all that apply:*

Click or tap here to enter text.

**Safe Work Method Statements** (SWMSs)

*for high-risk construction work only, e.g., work at heights. List all that apply:*

Click or tap here to enter text.

[ ]  emergency procedures for fires, bomb threats, floods, etc.

[ ]  fire extinguishers, exits, evacuation assembly area

[ ]  first aid facilities such as the kit and room

[ ]  safe use and storage of hazardous substances, including:

[ ]  how to read a safety data sheet

[ ]  location of safety data sheets and register

[ ]  emergency procedures, e.g., eye wash locations

[ ]  safe use and storage of personal protective equipment (PPE), including:

[ ]  when and how to use PPE

[ ]  how to clean, maintain and store PPE

[ ]  report damaged PPE

### Explain your training:

[ ]  first aid, fire safety and emergency procedures training

[ ]  hazard‑specific training (e.g. working at height, hazardous substances)

[ ]  on the job training in safe work procedures (e.g. when and how to use mechanical aids)

[ ]  job‑specific training

Explain your security:

[ ]  cash

[ ]  for each worker and for their personal belongings

[ ]  procedures for the workplace buildings

### Conduct a follow-up review:

[ ]  answer and ask questions

[ ]  repeat any training required or provide additional training if needed

[ ]  review work practices and procedures with the worker

## Comments/follow-up action

Click or tap here to enter text.

## Induction acknowledgement

|  |  |
| --- | --- |
| Conducted by: |  |
| Signature: |  | **Date:** |  |
| Employee signature: |  | **Date:** |  |