

SITE INDUCTION CHECKLIST – Employees / Visitors / Contractors

1 Inductee's Details
 Surname: _____ Forenames: _____
 Home Address: _____
 _____ Postcode: _____
 Phone: _____

3 Client Requirement
 Induction Required
 Yes No
 If yes, when/where held
 Location: _____
 Date: ___/___/___

2 Employer Details
 Company Name: _____
 Address: _____
 _____ Post Code _____
 Phone: _____

4 Company Requirements and General Site Rules - (Tick boxes when topics have been discussed)

1. Safety organisation (chain of command) explained	<input type="checkbox"/>
2. Site attendance procedure, daily signing in or shown security card	<input type="checkbox"/>
3. First-aid and accident / ill health reporting	<input type="checkbox"/>
4. Report to site office and 'sign out' before leaving	<input type="checkbox"/>
5. Hazardous locations/ no go areas	<input type="checkbox"/>
6. Welfare arrangements	<input type="checkbox"/>
7. Fire Procedure	<input type="checkbox"/>
8. Alcohol & Drugs Policy	<input type="checkbox"/>
9. Smoking Policy	<input type="checkbox"/>
10. Personal Protective Equipment	<input type="checkbox"/>
11. Plant / Equipment / Traffic Management / Pedestrian Routes	<input type="checkbox"/>
12. Personal Equipment & Mobile Phone Use	<input type="checkbox"/>
13. Right of Refusal to work on H&S grounds	<input type="checkbox"/>
14. Carbon Footprint & Waste Management	<input type="checkbox"/>

5 Your Health
 Should the company and your work colleagues know about your health? Are you taking any specially prescribed medication? Are you epileptic or diabetic, or do you have a heart condition?
 If we all know – we can help you if you become ill – if we don't know - any help may be too late:

6 General
 I confirm that I understand my own personal responsibility for Health, Safety, Hygiene and the Environment.
 I also understand that I may be subject to discipline by the company or by my own employer, or both and that I could face prosecution by Health and Safety Inspectors if I do not comply with safety rules and policies.
 I understand that I may be removed from site if I do not follow Health and Safety policy rules and procedures.

7 Do not put yourself or others at risk
If you are in doubt about anything – seek help or guidance from your own, and/or site supervision.
 (Signed Inductee): _____ (Signed Inductor): _____
 Date: ___/___/___ (Print Inductor): _____

Inductee's Details

Surname: _____ Forenames: _____

Please State any relevant Competence / Qualification's Held: i.e., CPCS, CSCS, NVQ etc.

Competence / Qualification Held	Expiry Date

Please attach proof of Competence / Qualification Held. I.e.: Photocopy