

New Employee Induction Checklist

Name: _____

Date: _____

	<i>Tick when completed</i>
<i>Specialist Equipment Issued/Ordered (see 1 below)</i>	
<i>Employee Handbook & Occupational Health & Safety Policy (see 2 below)</i>	
<i>Parking Permit</i>	
<i>Tax File Number Declaration</i>	
<i>Fair Work Information Statement</i>	
<i>Updated Employee Information Form – Emergency Contact Section</i>	
<i>Medical History (see 3 below)</i>	
<i>Factory Tour</i>	
<i>First Aid Facilities Identified</i>	
<i>Copies of Relevant Certificates/Licences Taken</i>	
<i>Role & Responsibilities received</i>	
<i>Chain of Custody (COC) Procedures Training</i>	

1. *Specialist Equipment Issued/Ordered (e.g. Clothing, Footwear, Glasses, Hearing Protection etc)*

2. *Parking Permit No:*_____

3. *Please notify any injury or illness that may affect your work now or in the future:*

4. *Plant & Equipment Competencies required*

Employee must read all relevant documentation in regards to their Role and Responsibilities in their job to be performed.

	<i>Tick when completed</i>
<i>Safety Operating Procedures</i>	
<i>Emergency Switch Location</i>	
<i>Guards</i>	
<i>Seatbelt</i>	
<i>Medical History received</i>	

5. *Please complete the following forms and return to your supervisor as soon as possible:*

- *Employee Information Form*
- *Standard Super Choice Form*
- *Updated Employee Information Form – Emergency Contact Section*
- *Tax File Number Declaration*

*Employee Signature:*_____

*Supervisor Signature:*_____

*Supervisor Name:*_____

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