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HOST EMPLOYER INDUCTION CHECKLIST & ACKNOWLEDGEMENT FORM

Temp Name:
Job Title:
Host Employer:
Starting Date:
Supervisor Name:
Induction Date:

	Yes	No
Has this Temp been previously inducted?	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If “No” please fill out the <u>induction checklist</u> in section below. <p><u>OR</u></p> <ul style="list-style-type: none"> If “Yes” 		
- Has there been any change in you work environment?	<input type="checkbox"/>	<input type="checkbox"/>
-Have you notified the Temp of the changes?	<input type="checkbox"/>	<input type="checkbox"/>

Induction Checklist

- The organization’s health and safety policies and procedures
- Details of the job – what to do, where to do it, how to do it?
- Safe work methods and the use of equipment
- Potential hazards involved in the job and hazards controls
- Personal protective equipment – PPE
- Supervision and training/glass& mirror handling**
- The workplace’s consultative processes for occupational health and safety
- What you should do if you are injured at work
- How to report incidents, injuries or unsafe work practices
- First aid
- Emergency / fire & evacuation procedures
- Safety signage
- The use of mobile telephones in the warehouse is not permitted**
- The use of audio equipment in the warehouse is not permitted
- No food or beverages are allowed in the warehouse area

I have received and understood the induction as outlined above.	
Temp signature: _____	Date: _____
Host employer’s signature: _____	Date: _____

