|  |  |
| --- | --- |
| **Workplace:** |  |
| **Employee Name:** |  |
| **Job Title:**  |  |
| **Date:** |  |
| **General Induction (***The workplace is to ensure that the above named employee has been provided with following information and/or instructions)* | **Provided** |
| Department Health, Safety and Wellbeing (HSW) Policy | **□ Yes** |
| OHS Issue Resolution Flowchart | **□ Yes** |
| The names of the Health and Safety Representative and Management OHS Nominee (if applicable) | **□ Yes** |
| Hazard, incident and near miss reporting procedures (eduSafe Plus) | **□ Yes** |
| Information on employee support services (e.g. Employee Assistance Program and Conflict Resolution Support Service). | **□ Yes** |
| Location of amenities | **□ Yes** |
| First Aid Procedures | **□ Yes** |
| Introduction to First Aid Officer(s) and location of First Aid Rooms/Kits | **□ Yes** |
| Emergency Procedures | **□ Yes** |
| Introduction to Return to Work Co-ordinator | **□ Yes** |
| Chemical Register and associated Material Safety Data Sheets | **□ Yes** |
| Traffic Management Plan | **□ Yes** | **□ NA** |
| Introduction to Asbestos Co-ordinator | **□ Yes** | **□ NA** |
| Current Asbestos Management Plan and Asbestos Register | **□ Yes** | **□ NA** |
| **OHS Training Requirements** (tick when completed) | **Completed** |
| Assigned OHS for New Employees eLearning Module –*completed on the first day of employment, see DET* [LearnED](https://edupay.eduweb.vic.gov.au/psp/hoadmin/?cmd=login&languageCd=ENG&) *(hosted on eduPay).* | **□ Yes** |
| Assigned OHS Training allocated via OHS eLearning Modules – *to be completed within the first month of employment, see DET* [LearnED](https://edupay.eduweb.vic.gov.au/psp/hoadmin/?cmd=login&languageCd=ENG&) *(hosted on eduPay).* | **□ Yes** |
| **Job Specific Induction** (tick when completed) | **Completed** |
| Task specific Safe Work Procedures have been provided and explained (e.g. use of plant and equipment) | **□ Yes** | **□ NA** |
| **Signatures** |
| **Employee –** *I have completed all identified training and understood the OHS induction applicable to my appointment.* | Signature:Date: |
| **Workplace Manager** and/or **Management OHS Nominee -** I *certify the above-mentioned employee has completed an OHS induction and relevant training.* | Signature:Date:Name:Position: |