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Induction Form

Name of Operative <<Name>>

I confirm I have attended the site by <<Name>>

On <<Date>> .

The induction included:

Induction Checklist	Included in induction (Check as appropriate)
The project details.	<input type="checkbox"/>
The site management details.	<input type="checkbox"/>
The names of the First Aiders/Accident book and first aid kit	<input type="checkbox"/>
Welfare facilities.	<input type="checkbox"/>
The signing in procedures.	<input type="checkbox"/>
Any specific health and safety issues	<input type="checkbox"/>
Work at heights.	<input type="checkbox"/>
PPE requirements/Areas. This should be worn at all times. I have been told I will be required to wear at all times. I have been told I will be required to wear at all times. I have been told I will be required to wear at all times.	<input type="checkbox"/>
The danger of leptospirosis.	<input type="checkbox"/>

I can confirm I have been told that

- Keeping the paths clear at all times.
- Keeping the work area clear.

- Being aware of my responsibilities to the general public, and the need to moderate my language
- <<Add as appropriate

Signed (Operative)

Signed (Site Manager).....

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