**Work Health and Safety Induction Checklist**

Supporting Human **Resources**

Western Australia’s Work Health and Safety Act 2020 applies to all workplaces in the State. It applies to all organisations, regardless of whether Commonwealth or State Industrial Relations Regulations apply. Further information on WA’s Workplace Health and Safety regulations is available from Worksafe WA, telephone 1300 307 877 or <https://www.commerce.wa.gov.au/worksafe/> .

A Work Health and Safety Induction is essential when new staff, volunteers and committee members join your organisation. The induction provides a broad overview of health and safety expectations relevant to your organisation and the new team member’s role. It ensures the employee knows what is expected and shows the employer has met initial responsibilities.

Once completed, the signed workplace Health and Safety Induction form is stored with the employee’s Human Resources records.

**The information contained in this Guide is general in nature and does not constitute legal advice. Additional details specific to your workplace will need to be added to recognise the specific risks relevant to your organisation, the equipment your workers use and the work your organisation does.**

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| **Employee name:** | **Position:** | | | |
| **Date of commencement:** | **Person conducting induction:** | | | |
| **Topic** | **Date Completed** | | | **Comments** |
| Explain that both the employer and the employee have workplace health and safety responsibilities. By observing WHS procedures we keep each other safe. |  | | |  |
| Provide a copy of the organisation’s WHS Statement or policy. |  | | |  |
| Site tour, pointing out any areas that require specific safety equipment or practices.  This should include   * Housekeeping – including waste disposal, keeping areas free of rubbish / clutter. * First Aid – location of facilities and identification of first aiders. * Note safety signage and ensure it is understood. |  | | |  |
| Explain all emergency procedures and the location of emergency exits, assembly areas and emergency equipment. | |  |  | |
| WHS responsibilities of the employee (as applicable to the specific job):   * Responsible to adhere to the provisions in the WHS statement. * Wear enclosed footwear, safety boots etc. if appropriate to role and specific tasks. * Use/wear required safety equipment in designated areas and when undertaking designated tasks (specify where and when). * Instructions on the reporting of all accidents, incidents and near misses. * Specify that no alcohol or drugs are permitted in the work-place, and how the organisation screens for their use. * Specify that there is no smoking on the job, and show the worker the designated smoking areas. | |  |  | |
| Discuss all known hazards relevant to the employee’s role.  *List the hazards that have been discussed.* | |  |  | |
| Instruction in the safe use of electrical devices or machines the employee will use.  *List the equipment for which instruction has been provided.* | |  |  | |
| WHS communication and consultation processes in place   * Introduce the new employee to the safety officer and ensure they know how to contact the safety officer. * Explain reporting and information processes. * Explain risk management procedures and ensure access to reporting templates. Explain when a risk report should be made and where completed forms are lodged. | |  |  | |
| Injury / incident reporting and investigation procedures explained and report forms provided. | |  |  | |
| Outline how additional WHS information can be accessed. | |  |  | |
| Describe opportunities to take part in WHS training programs. | |  |  | |
| Outline relevant Safe Work Procedures / Job Safety Analysis documents and instructions in how to use these. | |  |  | |
| Training in the safe use of any equipment or tools that will be used by the employee. Instructions in driving & routine checking of vehicles that the employee will use.  Ensure copies of relevant licenses are on file.  *List the equipment for which training has been provided:* | |  |  | |

By signing confirm all identified tasks have been covered and all questions answered.

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| Manager / Supervisor: | Signature: | Date: |
| New employee: | Signature: | Date: |