



WORKSHOP INDUCTION CHECKLIST

Name of Employee: _____

Name of Supervisor: _____

This form is to be completed with the new employee and their supervisor. Once completed it should be kept on file as a record of the new employee's induction.

- Highlight employee responsibilities under Monash University OHS policy and direct staff to where to access all OHS policies and procedures. Yes
(<http://www.adm.monash.edu.au/ohse/documents/#policies>)
- Discuss the normal hours of operation Yes
- Discuss after hours security and access to the department/area Yes N/A
- Ensure employee has completed the online safety induction program (<http://www.adm.monash.edu.au/ohse/training/safety-induction.html>) Yes
- Instruct employee on the minimum attire for each area (Include footwear, clothing, PPE, long hair tied back etc) Yes
- Advise of the names and locations of the;
 - Safety Officer
 - Health and Safety Representative
 - Nearest First Aider
 - OHS&E Consultant
 - Building Warden
 Yes
- Direct employee to nearest safety shower, eyewash station, spill kit, first aid kit and emergency power and gas shut off Yes
- Advise of the location of fire extinguishers, first aid kits and of emergency procedures and assembly areas? Yes
- Provide information on the University medical service in the Campus centre Yes
- Explain the process and importance of reporting all hazards & incidents Yes
- Direct to the locations of Risk Assessments for all local activities, equipment and processes and items of machinery Yes
- Direct to the location of safe work instructions for all activities, equipment and processes and items of machinery Yes
- Explain how to access MSDS locally (<http://full.chemwatch.net/integ/>) Yes
- Advise employee of the procedure for the isolation of unsafe machinery & equipment Yes
- Identify the need for training on specific equipment, conduct training and complete training records. Yes
- Assess employee's OHS training needs, appropriate to their work
 - Dangerous Goods & Hazardous Substances Yes N/A
 - Manual Handling and Back Care Yes N/A
 - Safe use of electricity Yes N/A
 - Fire safety in the workplace Yes N/A
 - Workplace Inspections Yes N/A
 - Risk Management Yes N/A
 - Other Please specify..... Yes N/A

Signature of Employee: _____

Date: _____

Signature of Supervisor: _____

Date: _____

