**attachment 93**

OHS Induction for New Employees Checklist

It is recommended that the employer also consider whether this employee will be permitted to work outside
of the service’s normal operating hours. If this is permitted then agreed risk controls must be implemented
to reduce risk of harm to people. The ‘other’ section in the checklist below can be used for this purpose.

Ideally an employer representative or a delegate familiar with this manual should complete this checklist
face to face with the new employee, and if practicable in the presence of a coworker.

A copy of the completed checklist should be given to the employee and the original kept on file by
the employer.

**1. Names and signatures of employees**

Employee

Name (please print): ……………………………………………………………………………………………………….

Signature\*: ………………………………………………………………………………………………………………….

Date: ………………………………………………………………………………………………………………………...

If practicable:

Employee (Coworker) in attendance

Name (please print): ……………………………………………………………………………………………………….

Signature\*\*: ………………………………………………………………………………………………………………

Date: ………………………………………………………………………………………………………………………...

\* Please sign here only if:

 • This checklist has been completed in your presence,

 • That the site requirement herein have been described to you, and

 • That you understand and commit to following them,

 • Any questions you have asked relating to site health and safety requirements have been answered to your satisfaction.

\*\* Please sign here only if:

 • Most of this checklist has been completed in your presence.

**2. Meet key people (if appropriate)**

|  |  |  |
| --- | --- | --- |
|  | Name | Yes/No |
| Employer representative or delegate |  |  |
| Employee representative (health and safety representative if there is one) |  |  |
| Coworker  |  |  |

|  |  |  |
| --- | --- | --- |
| Coworker |  |  |
| Coworker |  |  |
| Others (e.g. neighbours, colocated tenants, landlord and/or council representatives) |  |  |

**3. Worksite OHS specifics**

|  |  |
| --- | --- |
|  | Yes/No |
| Carparking |  |
| OHS Rules including read or have read to and understand service’s: |  |
| • Site sign-in requirements for families and visitors |  |
| • Site security controls |  |
| • Employer’s OHS Policy |  |
| • Prevention of Harassment and Bullying |  |
| • Code of Conduct |  |
| • Guidelines regarding etiquette to families, visitors, others |  |
| • Phone calls/mobile phone rules |  |
| • First aid officers |  |
| • Personal belongings safe storage – onus to be responsible for your belongings |  |
| • OHS consultation procedures – where these are located |  |
| • Show where names and telephone contact details of employee representatives are kept. Also show where pigeon hole for hard copy of forms to employer is located. Highlight hard copies should also be supported by a telephone call to management representative so they know hard copy has been delivered to pigeon hole. |  |

|  |  |
| --- | --- |
| • Employees are supported in their efforts to discuss suggestions for OHS improvement with coworkers and advise employer. Refer to form Hazard Identification, Risk Assessment and Corrective Action Form and where this can be found. Highlight this form can be used for general OHS issues such as OHS consultation, feedback on OHS, training in specific OHS topics etc. as well as specific OHS hazards. |  |
| • Overview about how employer manages contractors including asking for employees assistance – If you are concerned that their conduct or activities could cause harm  to people please politely ask them to stop whilst you or a coworker calls  employer representative |  |
| • Other (provide details) e.g. If working outside of service operating hours employer  and contractor management authorisation must be obtained and additional risk  controls implemented |  |
| • Other (provide details) |  |

**4. Action in event of uncontrolled hazard and/or injury and/or emergency**

Confirm who will be contacted as soon as practicable if there are uncontrolled hazards that could
foreseeably harm children, families, yourself, other employees, contractor workers, visitors or others

|  |  |  |
| --- | --- | --- |
|  | Name | Telephone |
| Senior coworker |  |  |
| First employer representative or delegate |  |  |
| Back-up employer representative or delegate |  |  |
| Employee representative (if applicable) |  |  |

|  |  |
| --- | --- |
|  | Yes/No |
| Employee is supported in taking prompt, reasonable action to remove themselves and others and secure a hazardous area  |  |

|  |  |
| --- | --- |
| Employee has been provided with clear instruction to report all uncontrolled hazards and all incidents. This includes reporting near misses, first aid incidents and more serious injuries or illnesses as soon as possible to above persons. Verbal initially, then follow up with forms – the employer will advise where you can find these. Relevant forms are Hazard, Near Miss, Other Incident and Injury/Illness Report (Register of Injuries) and Investigation Form and Hazard Identification, Risk Assessment and Corrective Action Form.  |  |
| Employees have access to service phones to communicate with above persons if needed (instructions provided – how to access an outside line). |  |
| Show where WorkSafe Victoria’s If you are injured poster is displayed. Inform employee that Workers compensation claim forms are available form post offices and from employer representative. Workers comp claims are to be completed only if employee thinks they have an injury or illness that is work related, for which they are seeking reimbursement for medical costs and/or lost earnings. Contrast with service specific Hazard, Near Miss, Other Incident and Injury/Illness Report (Register of Injuries) and Investigation Form. The latter form is required to be completed for all incidents including near misses, first aid and injuries and will prompt a no blame investigation by employer with aim to reduce risk of harm to people.  |  |
| For minor injuries and illnesses employee understands they must seek first aid treatment promptly.  |  |
| Where to locate first aid kit. |  |
| For emergencies employees understand they must contact 000. |  |
| Discuss fire or related emergency evacuation procedure, where to find procedure, location of assembly areas, and employee role. |  |
| Discuss bomb threat procedure, where to find procedure, location of assembly areas, and employee role. |  |
| Discuss lock down emergency procedure, where to find procedure, and employee role. |  |

**5. Job specific issues**

|  |  |
| --- | --- |
|  | Yes/No |
| Nature and structure of organisation and job  |  |
| Job description and responsibilities |  |
| Work times and meal breaks |  |
| Change rooms and facilities/toilets |  |
| Overtime arrangements |  |
| On the job training in safe work procedures |  |
| Advice on specific job related hazards and methods of control (especially manual handling, potential bullying and violence from parents, visitors, coworkers, others). |  |
| Supervise and test understanding |  |
| Make four or more separate appointments with employee (within next two months) to work through separate form Provision of Important OHS Information and Guidance Sign-Off List |  |

**6. Review (end of first day and within one week)**

|  |  |
| --- | --- |
|  | Yes/No |
| Contact via telephone or face to face at end of first work day – ask how they are settling in, and if they any questions |  |
| Review worker practices for performing work within one week via telephone or face to face (coworkers may assist with coaching and review process) |  |
| Ask questions of worker to ensure recollection of key information provided  |  |

**7. Note questions and concerns raised by employee**

a) ……………………………………………………………………………………………………………………………

b) ……………………………………………………………………………………………………………………………

c) ……………………………………………………………………………………………………………………………

d) ……………………………………………………………………………………………………………………………

**8. Record employer responses to these questions and concerns**

a) ……………………………………………………………………………………………………………………………

b) ……………………………………………………………………………………………………………………………

c) ……………………………………………………………………………………………………………………………

d) ……………………………………………………………………………………………………………………………

**9. Name and signature of person conducting this induction**

Employer representative

Name (please print): ………………………………………………………………………………………………………

Signature: …………………………………………………………………………………………………………………..

Date: ………………………………………………………………………………………………………………………..