

**CONTRACTOR INDUCTION FORM (NON-CONSTRUCTION)
WORKPLACE SPECIFIC INDUCTION TRAINING**

(PLEASE USE BLOCK LETTERS)

Area of Work..... Contact Number.....

Title:.....Family name:..... Given names *(in full)*.....

Position:..... Commencement date: / /

Employer: Contact name:.....Phone.....

- This form is intended to ensure that the important information concerning induction has been covered. It may include other items.
- Please check off each item to verify you have discussed each item
- Please pass the completed checklist to your Supervisor/Manager for signature and filing.

Yes	N/A	On your first day (where relevant – please indicate if N/A)
		Provided with an official greeting and introduced to colleagues
		Provided with an explanation of the work unit structure/reporting structure
		Provided with the name(s) of Supervisor(s) and Manager(s) for point of contact and their contact details
		Provided with the details re your workstation and/or area(s) of work, amenities, staff rooms, toilets etc
		Provided with details of work hours and requirements for time-keeping (if applicable)
		Provided with details of any resources to assist in the completion of the role/project
		Been shown the phone system, and provided with staff member phone contacts (if applicable)
		Had explained the access and Security system (including hours of access)
		Provided with University ID card and requirements
		Provided with information on records management & filing (if applicable)
		Had explained, the internal mail system (if applicable)
		Had explained location of Stationery supplies (if applicable)
		Had explained photocopier, printer, fax operations (if applicable)
		Had explained network connection (if applicable)
		Had checked all electrical equipment brought on site e.g. tested and tagged laptop (if applicable)
		Been provided with email and password account (if applicable)
		Been provided with University website overview (if applicable)
		Been provided with information on in-house software (if applicable)
		Been provided with information re action on complaints (if applicable)
		Been provided with information on speed limit on campus (15kph)
		Been provided with information on campus parking (if applicable)

WORK HEALTH AND SAFETY		
		Had explained the contractor's responsibilities outlined under the Contractor Safety Management chapter
Mandatory		Provided with information on procedures on hearing the Fire Alarm , and shown the location of emergency exits & assembly area.
		Shown the Emergency Posters, Emergency Colour Chart and provided with Emergency contact numbers (including Security)
		Provided with name of the contact in an Emergency (including First Aid)
		Had explained the procedure for reporting Hazards, Incidents and Injuries
		Had explained the local hazards in the area including plant/substances and shown relevant safety information in the local area Hazard Listing .
		Had explained local security arrangements (working in isolation or after hours) and duress alarms (if applicable)
		Had explained the on-line HSW induction and Equity and Diversity course (if applicable)
		Provided copies of activities requiring specific licensing (e.g. boat, diving, forklift, security etc)
		Been provided with specific information/instruction if you are Non-English Speaking or have specific requirements (eg a disability)
		Other

Signature : Person receiving induction _____ Date / /

Signature : Person conducting the induction _____

On completion, person conducting the induction is to:

Forward the signed, dated and completed form to the School/Branch Health and Safety Officer or designated staff member who will file as per local School/Branch arrangements and in accordance with the University's HSW Handbook Chapter for Induction.

HSW Handbook	3.21 Contractor Safety Management	Effective Date:	7 August 2015	Version 2.0
Authorised by	Vice-Chancellor and President & COO and VP(S&R)	Review Date:	7 August 2018	Page 24 of 24
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