

Prompt Safety Solutions

Employee / Contractor OSH Induction

1. Name of the Company (The Principal Employer) that you are undertaking this Induction for:

2. If you are a Contractor – What is the name of the Company?

3. CONTACT INFORMATION

First Name:

Surname:

Date of Birth:

Phone Number:

Email:

Emergency Contact Name:

Emergency Contact Phone Number:

4. MEDICAL HISTORY (IF APPLICABLE)

For your Personal safety, and others safety, are there any medical conditions that you need to inform the Principal Employer about?

- Allergies e.g. reactions e.g. to bees, foods?
- Previous medical conditions e.g. heart, diabetes, asthma?
- Previous Injuries e.g. back?
- Do you take any medication that could potentially impair your judgement?

If so please state

Prompt Safety Solutions

Employee / Contractor OSH Induction

5. Have you submitted the below required Insurance details to the Principal Employer?

(Note, Copies of all relevant Insurance Certificates of Currency must be submitted and retained by the Principal Employer before you can commence work)

- Public Liability Insurance Certificate of Currency
- Workers Compensation Insurance Certificate of Currency
- Personal Accident Insurance Certificate of Currency (Sole Traders)

YES NO N/A

6. Have you submitted the below required Licence / Certificate details to the Principal Employer?

(Note, Copies of all required Licences and Certificates must be submitted and retained by the Principal Employer before you can commence work)

- Drivers Licence
- Vehicle Licence/s e.g. Trucks, Trailers,
- High Risk Work Licence e.g. Forklift
- Trade Licences

YES NO N/A

7. Do you have a Safe Work Method Statement (SWMS) or a Job Hazard Analysis (JHA) or Risk Assessment for the task that you will be undertaking?

YES NO N/A

If No - you must Contact the Principal Employer before commencing works

INDUCTION TOPICS **(NOTE ALL BOXES MUST BE CHECKED)**

If you do not agree or cannot agree to any of the below Induction topics do not proceed. Contact the Principal Employer for further consultation / clarification

☐ 8. EMERGENCY PROCEDURES – In case of emergency call 000

I have reviewed and have access to the Emergency Procedures outlined in the the Prompt Safety Solutions Employee – Contractor Induction Web Page -

<https://www.promptsafetysolutions.com/employee-contractorinductionpage>

Emergency Procedures are available for printing off on the Prompt Safety Solutions Employee – Contractor Induction Web Page (Link above).

I will follow the instructions in the event of an Emergency and contact the Principal Employer as soon as it is safe to do so.

☐ 9. FIT FOR WORK

For my own safety and the safety of others, I agree to present fit for work, not under the influence of alcohol or illicit or illegal drugs. I will not consume/use alcohol, illicit or illegal drugs whilst at work.

If I am using prescription or over the counter medication that I have been advised by my GP/Chemist, or it is noted on the medication packaging “not to operate machinery or potential to cause effect to operating impairment/ judgement” or in Safety Sensitive Roles and Positions e.g. Traffic Control, operating machinery etc or if I am in any doubt, I will inform my Principal Employer/Supervisor immediately.

Prompt Safety Solutions

Employee / Contractor OSH Induction

FATIGUE - I agree to notify my Principal Employer/Supervisor immediately if I am or believe that I am suffering fatigue through Lack of sleep, Illness, Voluntary Work, Personal Issues or other reasons.

☐ **10. PPE REQUIREMENTS**

I will wear all Personal Protection Equipment (PPE) required for tasks undertaken and obey posted signs e.g. helmet, gloves, hearing protection, eye protection Hi-Vis clothing (if required) work boots (relevant to the task), dust mask, chemical protection etc.

11. EMPLOYEE / CONTRACTOR RESPONSIBILITIES / CODE OF CONDUCT

☐ **I agree** that when driving vehicles or operating machinery that I must hold current driver's or High Risk licenses relevant for vehicles to be driven or equipment operated.

☐ **I agree** to notify The Principal Employer on any changes to the status of Licenses e.g. loss of license.

☐ **I agree** to adhere to all State road rules, regulations and maintain relevant documentation required.

☐ **I agree** (if required) to be assessed by the Principal Employer for Verification of Competency (VOC) before driving or operating any plant or equipment or undertaking hazardous tasks unsupervised.

☐ **I agree** to maintain all vehicles, machinery, plant, equipment and tools and ensure that all safety devices are operating and safety guarding in place as per manufacturer's instructions.

☐ **I agree** to immediately report any Hazards /Injury /Incident/ Illness/Accident/ Unsafe Conditions or any other safety issues to the responsible Principal Employer/Supervisor and record on the Incident/Hazard report sheet for action, investigation, reference and recording purposes. Available for download on the the Prompt Safety Solutions Employee – Contractor Induction Web Page - <https://www.promptsafetysolutions.com/employee-contractorinductionpage>

☐ **I agree** to cooperate fully with the Principal Employer in the event of any investigations.

☐ **I agree** that the removal of property from any Principal Employer properties or worksites or the use of the Principal Employer vehicles, machinery, tools or equipment for private purposes without prior written authorization from the Principal Employer is prohibited.

☐ **I agree** that threatening or offensive behaviour, violence, language, harassment, bullying, offensive literature, fire arms, horse play is not tolerated by the Principal Employer and will result in appropriate investigation and disciplinary action.

☐ **If I feel that I am a victim of any of the above behaviours I will immediately contact the Principal Employer/Supervisor for confidential discussion and advice**

Prompt Safety Solutions

Employee / Contractor OSH Induction

- ☐ **I agree** to comply with the specific Safe Work Method Statement/s (SWMS) Risk Assessment, policies and procedures as set out by the Principal Employer. If I cannot work within these guidelines I will contact my Principal Employer/Supervisor immediately and re Risk Assess the Hazards / Conditions and document and implement agreed upon Changes / Controls.
- ☐ **I agree** that failure to follow the Principal Employers Policies, Procedures, Risk Assessment controls, guidelines and instructions will result in appropriate investigation and disciplinary action.
- ☐ **I Will Contact My Principal Employer/Supervisor Immediately For Instructions If –**
- If I am unable to work within these guidelines.
 - If I am not sure about any task being undertaken or to be undertaken.
 - If there is a change to the scope of work.
 - If I believe that I am not competent to undertake the task or operate specific plant or equipment.
 - If I believe that myself or others are at risk or could potentially be put at risk in any way by undertaking the task or whilst the task is being undertaken.

12. EMPLOYEE / CONTRACTOR INDUCTION DECLARATION –

- ☐ **I agree** that failure to follow the Principal Employers Policies, Procedures, Risk Assessment controls, guidelines and instructions will result in appropriate investigation and disciplinary action.
- **I confirm** the above information is accurate and I have familiarized myself with the Principal Employers OSH requirements.
 - **I understand** the Principal Employers requirements and my Personal responsibilities.
 - **I will** abide by the rules and standards as stated in this Principal Employers induction.
 - **I Commit** to ensure my own safety and health at work and to avoid adversely affecting the safety or health of any other person through any act or omission at work

Employee / Contractor

Date	Name	Signed

Principal Employer Representative

Date	Name	Signed

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