

CatholicCare

FAC FORM: SITE WHS INDUCTION CHECKLIST

Staff Name: _____

Site: _____

Program Manager: _____

Team Leaders are to ensure that all new staff are inducted into the following when commencing employment at this site. The Team Leader may seek the assistance of the Office Coordinator or delegate in inducting the new staff person if required.

Staff are to be inducted into the following:

C.A.R.E. Management System:	<input type="checkbox"/>	Mailing Procedure
<input type="checkbox"/> Location C.A.R.E Management System	<input type="checkbox"/>	Parking Procedure
<input type="checkbox"/> What is contained in the C.A.R.E MS	<input type="checkbox"/>	Booking meeting rooms
Location of:		General:
<input type="checkbox"/> Amenities	<input type="checkbox"/>	Site business operating hours
<input type="checkbox"/> WHS Board	<input type="checkbox"/>	When site meetings are held
<input type="checkbox"/> First Aid Kit	<input type="checkbox"/>	Introduction to staff and Programs
<input type="checkbox"/> Office light switch, air conditioning controls	<input type="checkbox"/>	Information provided on the risks and hazards of other Programs located at the site e.g. clients with aggressive behaviours
<input type="checkbox"/> Photocopiers and fax machines		
<input type="checkbox"/> Interview & meeting rooms		
<input type="checkbox"/> Emergency numbers		
Site and/or Agency Procedures:		
<input type="checkbox"/> Sign In and Sign Out Procedure	<input type="checkbox"/>	Operation of phones including how to dial out, how to leave a message etc.
<input type="checkbox"/> Security, Lock Up Procedure	<input type="checkbox"/>	The role of the Office Coordinator (where applicable)
<input type="checkbox"/> Solo Worker Procedure (WHS P16.18 Working Alone or in Isolation)	<input type="checkbox"/>	Staff member has photo identification
<input type="checkbox"/> Fire Evacuation Procedure and Map		Who is the Site:
<input type="checkbox"/> Emergency Procedure Flipchart	<input type="checkbox"/>	First Aid Officer
<input type="checkbox"/> Duress Alarm Procedure	<input type="checkbox"/>	Fire Warden
<input type="checkbox"/> Hazard and Incident Procedures	<input type="checkbox"/>	Site Manager

Signature of Staff Person

Date

Signature of Program Manager

Date

Please forward completed form to the Site Manager for recording.

