

Working Bee OHS Induction Checklist

The Volunteer OHS Induction Handbook can be used to assist in conducting an OHS induction.

| Workplace | | |
|--|---------------|----------|
| Brief description of works | | |
| General OHS Induction – The Workplace Manager is to ensure been provided with the following information and/or instructions. | | Provided |
| Department Health and Safety and Wellbeing (HSW) Policy | | □ Yes |
| Required conduct/behaviour | | □ Yes |
| Security access arrangements / Traffic Management Plan | | □ Yes |
| Introduction to First Aid Officer(s) and location of First Aid Room/Kits | | □ Yes |
| Location of emergency evacuation plans for your area | | □ Yes |
| Location of Emergency Exits | | □ Yes |
| Introduction to workplace Wardens / Incident Controller | | □ Yes |
| Location of amenities | | □ Yes |
| Location of Chemical Register and associated Safety Data Sheets | | □ Yes |
| Information on hazard and incident reporting process | | □ Yes |
| Current School Asbestos Management Plan and Division 5 Audit Report | | □ Yes |
| Plant and equipment Safe Work Procedures & personal protective equipment (Note: all electrically powered plant and equipment are to be tested and tagged prior to use) | | □ Yes |
| An overview of task(s) and relevant hazards and risks controls are communicated to volunteer workers as detailed in the Risk Assessment | | □ Yes |
| Signatures | | |
| Workplace Manager | OUS induction | |
| I certify that the below mentioned volunteer workers have completed an Name: | Signature: | |
| | Date: | |

| Volunteers | | | |
|---|------------|--|--|
| I have been provided with and understand (as indicated above) and will comply with all safety instructions. | | | |
| Name: | Signature: | | |
| | Date: | | |

Volunteer OHS Induction Checklist

| Volunteers I have been provided with and understand | l (as indicated above) and will comply with all safety instructions. |
|--|--|
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |
| Name: | Signature: |
| | Date: |

Volunteer OHS Induction Checklist

| Volunteers I have been provided with and understand (as indicated above) and will comply with all safety instructions. | | |
|--|------------|--|
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |

Volunteer OHS Induction Checklist

| Volunteers I have been provided with and understand (as indicated above) and will comply with all safety instructions. | | |
|---|------------|--|
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |
| Name: | Signature: | |
| | Date: | |