

# **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   |               |          |
| <b>General OHS Induction –</b> 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**

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