**Health and Safety Induction Checklist**

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| Name of employee: |  |
| Job title: |  |
| Department |  |
| Date of joining: |  |
| Name of mentor/buddy: |  |
| Name of manager: |  |

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| DAY ONE | | |
| Topic | Action | Complete  🗸 |
| Health and safety policies | Provide copy of health and safety policy |  |
| Provide copy of no smoking policy, sickness absence procedures and details of other key policies and procedures |  |
| Establish any cultural or language requirements. |  |
| Fire and evacuation | Action to take in the event of a fire including how to raise the alarm |  |
| Fire evacuation routes and exits |  |
| Location of fire alarm call points |  |
| Location of assembly point |  |
| Identity of fire marshals and their role |  |
| Explain if different types of alarm are sounded |  |
| Policy for the use of fire extinguishers |  |
| Is a personal emergency evacuation plan (PEEP) required? |  |
| Accident and first aid | How to report an accident/incident |  |
| Location of first aid box |  |
| Identity of first aiders |  |
| Procedure for summoning first aid |  |
| Welfare facilities | Tour of the workplace |  |
| Toilets |  |
| Rest rooms |  |
| Kitchen facilities/drinking water |  |

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| Security | Security arrangements |  |
| Security access |  |
| Visitor and contractor procedures |  |
| Car parking procedures and traffic management |  |
| Housekeeping standards |  |
| Recycling and rubbish disposal |  |

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| WITHIN FIRST WEEK | | |
| Topic | Cover these issues | Complete  🗸 |
| Job safety | Review job related risk assessments |  |
| Provide instructions on safe systems of work and safe operating procedures |  |
| Provide personal protective equipment (PPE) if applicable |  |
| Personal safety | Lone working procedures |  |
| Electrical equipment | Safe use of electrical equipment including visual inspections and PAT testing |  |
| Work activities | Information on safe use of display screen equipment |  |
| Information on safe lifting and working at height (if applicable) |  |
| Safe use, handling and storage of chemicals and substances (if applicable) |  |
| Employee consultation arrangements |  |
| Mobile phone policy and work-related driving |  |

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| WITHIN FIRST MONTH | | |
| Topic | Cover these issues | 🗸  Complete |
| Monitor and review | Review first month with employee |  |
| Confirm their understanding of all arrangements in place |  |
| DSE | Carry out DSE workstation assessment  Information on eye test arrangements |  |
| Training needs | Discuss relevant training programme for employee |  |
| Identify suitable timescales to complete training programme |  |
| Provide all relevant information |  |

The practice will ensure this form is completed and signed within one month of the new employee commencing employment. A signed copy of this form is to be retained by both the practice and the employee.

**Signatures**

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|  | I confirm that the above health and safety induction has been provided and I fully understand my responsibilities towards health and safety. |
| Employee: |  |

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| --- | --- |
| On behalf of the practice: |  |

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| --- | --- |
| Date: |  |