

Form No: HR10.001

Date: 17.03.2018

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Induction Form

Date \_\_\_\_/\_\_\_\_

I (Employee) performed by	have received the ITM OHS workplace induction,	
(Name of person conducting the inc	duction)	
I have attended the induction as requested required to be undertaken during my emp	d and understand the work methods and safety actions that bloyment at ITM.	are
I also confirm that the following specific pinduction.	points have been read, discussed and understood during my	
Please tick the following boxes to i	ndicate instruction or training received	
Company OHS policy and procedures		
Id Cards		
Roles and responsibilities – reporting pr	rocedure (Manager/ Supervisor)	
Leaving the office / warehouse (Security	– Emergencies))	
Hazard identification and control - repo	orting procedure (Manager/ Supervisor)	
Phones, mobile phone use		
Hazardous material register and MSDS		
Accident, Incident and Hazard forms (lo	ocation of folder)	
Pre start check list (Forklifts and vehicle	es)	
Site Rules - Traffic management, driver	safety zones, forklifts, straddle	
Specific duty inductions (casuals)		
Tool Box Talks / Meetings		
Emergency evacuation points		
Smoke free zones		
Additional training received:		
Certifica	ntes of Competency held (Casuals only)	
Type:, First Aid		