

# INDUCTION RECORD

This Site Induction Form must be completed by the worker, contractor or self-employed person in the presence of a Company Representative conducting the induction.

<b>Name:</b>	
<b>Address:</b>	
<b>Contact Number:</b>	
<b>Employed / Contracted by:</b>	
<b>With a Trade Certification of:</b>	
<b>General Construction Induction Card Number:</b>	
<b>Class of High Risk Work License/s: (e.g. WP, DG)</b>	
<b>Expiry Date of High Risk Work Licenses:</b>	
<b>Note:</b> You will not be permitted to operate any <b>Restricted Function</b> or <b>High Risk Work</b> or <b>Prescribed Activity</b> unless you have passed an induction (current licence) in the presence of a company Representative.	



# SAMPLE

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Workers have an obligation under workplace health and safety legislation to wear all of the necessary personal protective equipment to perform a work task safely.

**Any breach of mandatory PPE requirements may result in instant dismissal from site.**

All PPE must be maintained as per the manufacturer's instructions.

Tick **Yes** to indicate that you have the personal protective equipment (PPE) item.

The Company Representative will assess your PPE requirements and may request you obtain items deemed essential for you to safely perform your work tasks.

<b>Safety Footwear</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Hearing Protection</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Head Protection</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Safety Glasses</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



# SAMPLE

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