



PO Box 457, Paihia, Northland, 0247

Phone 0800 225 926

Email [customer.service@calyco.nz](mailto:customer.service@calyco.nz)

SECTION 1 - DETAILS	
Name:	
Position:	
Date of Commencement:	
Location:	
Name of person providing induction:	

SECTION 2 - INDUCTION CHECKLIST			
Item	YES	NO	Comment. If NO, why?
<b>1. Explain work tasks</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Tour of workshop</b>			
<ul style="list-style-type: none"> <li>• First aid kits</li> <li>• Supervisor's office</li> <li>• Noticeboards</li> <li>• Emergency Exits and fire extinguishers</li> <li>• Names and location of safety and health representatives, first aid staff</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Explain the following:</b>			
Safety Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Duty of care – employer & employees	<input type="checkbox"/>	<input type="checkbox"/>	
Safe work procedures, JSA and inductions	<input type="checkbox"/>	<input type="checkbox"/>	
Issue resolution procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard reporting procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Injury/incident reporting procedure	<input type="checkbox"/>	<input type="checkbox"/>	
Injury management	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Manual handling procedures	<input type="checkbox"/>	<input type="checkbox"/>	



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SECTION 2 - INDUCTION CHECKLIST		(Continued)	
Item	YES	NO	Comment, If NO, why?
Hazardous substance procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Machine safety procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Working from heights procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>	
Permit to work	<input type="checkbox"/>	<input type="checkbox"/>	
Eye protection	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protection equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle safety	<input type="checkbox"/>	<input type="checkbox"/>	
Working on/near roads procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for good housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	
Safety signage	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol and other drugs in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for working outside such as skin protection	<input type="checkbox"/>	<input type="checkbox"/>	
Compensation claims process and rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Schedule of follow up training</b>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 3 - SIGNATURES			
Manager:		Name of Employee:	
Signed:		Signed:	
Date:		Date:	



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