



# Induction Checklist

## For CAP Workplacement / School Based Trainee Students

Whilst undertaking work placement, students learn through observing and assisting with appropriate tasks.

The following Induction Checklist is an important step to introduce the student to your workplace environment and fulfil the WHS requirements.

WHs is a joint, shared responsibility between the legal employer (CTI) and the Business Sponsor.

**Students/Trainees must not undertake activities that would normally require extensive training or experience, nor should they be exposed to dangerous or risky situations.**

Students/Trainees should where possible be involved in tasks relevant and applicable to the course they are undertaking as part of their CAP studies.

You may need to tailor this checklist to suit your own work-place, including any particular or special needs of work placement students.

The items covered in each section are relevant to all employers, but the amount of detail provided for each section will vary depending on the size of your workplace.

Please retain a copy of this checklist in your records, provide one to the student and upload to:

**[2018 Workplace Induction Checklist](#)**

Further information about student work placement can be obtained from Career Training Institute.

Phone: 1300 284 111

Email: [cap@careertraining.edu.au](mailto:cap@careertraining.edu.au)

## General workplace induction on starting workplacement

<b>Student's name:</b>	<b>Campus:</b>	
<b>Business name:</b>		
<b>Manager/Supervisor's name:</b>		
<p><b>Induction</b> (Explain)</p> <p><input type="checkbox"/> Nature and structure of organisation</p> <p><input type="checkbox"/> Roles of key people in the organisation</p> <p><input type="checkbox"/> Work times and meal/rest breaks</p> <p><input type="checkbox"/> Phone calls and collecting messages, including mobile phone rules</p> <p><input type="checkbox"/> Notification of absences</p> <p><input type="checkbox"/> Emergency contact details</p>	<p><b>Specific Health and Safety Information</b> (Explain and show)</p> <p><input type="checkbox"/> Health and safety policy and procedures, including roles and responsibilities for health and safety</p> <p><input type="checkbox"/> Consultation and communication process</p> <p><input type="checkbox"/> Harassment, bullying and workplace violence policies</p> <p><input type="checkbox"/> Safe work procedures applicable to the work being undertaken</p> <p><input type="checkbox"/> Specific safety requirements relating to the work</p> <p><input type="checkbox"/> Safety signage</p> <p><input type="checkbox"/> Hazard reporting procedure</p> <p><input type="checkbox"/> Injury and Incident reporting procedures</p> <p><input type="checkbox"/> Location of forms that need to be completed when reporting hazards, incidents and injuries</p> <p><input type="checkbox"/> First aid Officers</p> <p><input type="checkbox"/> Fire safety Wardens</p> <p><input type="checkbox"/> Other emergency/evacuation procedures</p> <p><input type="checkbox"/> Traffic Management – segregation of pedestrians from moving forklifts and vehicles</p> <p><input type="checkbox"/> Any other relevant details</p> <p>.....</p> <p>.....</p> <p>.....</p>	
<p><b>Work Environment</b> (Show)</p> <p><input type="checkbox"/> Work station – equipment used for the work, hazards involved and risk control measures</p> <p><input type="checkbox"/> Lockers</p> <p><input type="checkbox"/> Washroom and toilet facilities</p> <p><input type="checkbox"/> Lunchtime and break facilities</p> <p><input type="checkbox"/> Location of first aid facilities, such as the first aid kit/room</p> <p><input type="checkbox"/> Location of emergency exits, fire extinguishers and eye wash stations</p> <p><input type="checkbox"/> Prohibited or restricted areas including non-operation of high risk equipment</p> <p><input type="checkbox"/> Safety signage</p>		
<p><b>Types of Work</b> (Acknowledge)</p> <p><input type="checkbox"/> I am aware of the responsibility that students are not exposed to dangerous or risky work situations</p>		
Inducted By Name:	Inductor Signature:	Date:
Student Name:	Student Signature:	Date:
CTI WHS Managers Signature:	Date:	

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