# Induction checklist

Use this checklist to help you plan a comprehensive induction program for your staff.

|  |  |
| --- | --- |
| Employee’s name | <insert name> |

| Task | Explain element | Date | Initial |
| --- | --- | --- | --- |
| Contract of employment | [ ]  | Job classification |  |  |
| [ ]  | Award/Agreement |  |  |
| [ ]  | Employment status |  |  |
| [ ]  | Job description |  |  |
| [ ]  | Probationary period |  |  |
| [ ]  | Leave |  |  |
| [ ]  | Pay rates |  |  |
| Other: |  |  |
| Hours of work and rosters | [ ]  | When rosters are available |  |  |
| [ ]  | Where to apply for leave |  |  |
| [ ]  | Where rosters are posted |  |  |
| Standards and procedures documents | [ ]  | Where they are located |  |  |
| Company policies | [ ]  | Smoking |  |  |
| [ ]  | Uniform |  |  |
| [ ]  | Reporting absences |  |  |
| [ ]  | Drug and alcohol policies |  |  |
| [ ]  | Disciplinary and grievance procedures |  |  |
| [ ]  | Personal visits, telephone calls etc. |  |  |
| [ ]  | Parking |  |  |
| Other: |  |  |
| EEO and harassment policies | [ ]  | Copy sighted and available |  |  |
| OH&S and rehabilitation policy | [ ]  | Copy sighted and available |  |  |
| OH&S hazards – training given/ scheduled (N/A?) | [ ]  | Equipment |  |  |
| [ ]  | Chemical |  |  |
| [ ]  | Environmental |  |  |
| [ ]  | Manual handling |  |  |
| Emergency procedures | [ ]  | Who to contact in emergency |  |  |
| [ ]  | First aid stations and officers |  |  |
| [ ]  | Evacuation procedures and muster points |  |  |
| Tour of workplace | [ ]  | Toilets and facilities |  |  |
| [ ]  | Outlets |  |  |
| [ ]  | Back-of-house areas |  |  |
| [ ]  | Front-of-house areas |  |  |
| [ ]  | Grounds |  |  |
| Introductions | [ ]  | Colleagues |  |  |
| [ ]  | Supervisors |  |  |
| [ ]  | Management |  |  |
| [ ]  | Other areas |  |  |
| Paperwork | [ ]  | Tax declaration |  |  |
| [ ]  | Superannuation |  |  |
| [ ]  | Employee detail form |  |  |
| [ ]  | Bank account details |  |  |
| [ ]  | Other |  |  |
| <insert comments> |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Induction conducted by | <insert name> |
| Date of induction | <insert date> |
| Employee’s signature |