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| **K:\Design\Logo Files\Logo\UCSA-Logo-Solid-Black.png** **Induction Form Template** |
| **Name:** |  | **Company:** |  |
| **Event:** |  | **Location:** |  |
| **Date:** |  | **Arrival Time:** |  | **Please Initial****Each Box Below** |
| **Signing in to Venue** * All staff, contractors and volunteers are required to sign in upon arrival to site and sign out when leaving. This sign in sheet is attached at the end of this booklet.
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| **Emergency procedures** * In the case of Earthquake, or other event requiring evacuation, all staff, contractors & public on site will be evacuated to an assembly point on **[Name Locations]**
* No one may re-enter the site until such time that an all clear is provided by the Event Co-ordinator or another authorised person
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| **First Aid** * The event First Aid kit is located: **[Name Locations]**
* If someone required first aid, this can be administered by: **[Name the First Aider]**
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| **Accident & Near Miss Reporting*** All accidents or near misses need to be reported to the Event Coordinator who will work with you to complete the necessary forms.
* No accident or near miss is too small – we want to know of any incident so that we can ensure your safety at all times.
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| **Hazard Reporting** * Hazards have been documented on the Event Hazard Management Form attached. The Events Co-coordinator will go over these with you now. By Initially this box you acknowledge you have read these.
* If you notice any hazards in the course of your work please report to
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| **Working in a safe manner** * All staff, contractors and volunteers must work in a safe manner
* Any work that is deemed to be unsafe will be stopped by the Event Co-ordiantor. A risk assessment will be carried out to assess method of working.
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| **Other*** **Add any other key information here, such as the location of fire extinguishers, toilets and key contact details**
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| **I have received information on the above topics; all questions I have asked have been answered to my satisfaction and I understand and accept the conditions explained to me in this Induction.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Signature Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name and Signature of Witness Dated |