

## **FORM - Employee - Orientation Checklist**

## **Employee Details**

Name:	
Position:	

## Checklist

Items	Completed Date
Orientation including:	
<ul> <li>Occupational Health and Safety (OHS) Policy location</li> <li>Hazard, incident and near miss reporting procedures</li> </ul>	
LSO's - If any training is required, please list below:	
<ul> <li>Support Plan provided for clients</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	
Home Care Workers:	
<ul> <li>Task list issued</li> <li>Approved Chemical listing</li> <li>Manual Handling for Home Care Workers</li> <li>•</li> </ul>	



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General Induction - Office Staff	Provided
(Manager is to ensure that the above-named employee has been provided with the following information and/or instructions)	
QMS Orientation including:	
<ul> <li>Occupational Health and Safety (OHS) Policy</li> <li>Hazard, incident and near miss reporting procedures</li> <li>Chemical Register and associated Material Safety Data Sheets (MSDS)</li> </ul>	
Location of amenities	
Location of first aid kits	
Emergency Procedures including location of emergency equipment and emergency evacuation areas	
Location of Personal Protective Equipment	
Location of Emergency Contact Numbers	
Payroll process including Timesheets & Leave Forms & Pay Day	
Working Week & Lunch Breaks – Email	
Parking	
Other	

Completed By	Employee Signature	
Date	Date	