

FORM - Employee – Orientation Checklist – LSO/HC

Employee Details

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| Name: | |
| Position: | |

Checklist

| Items | Completed Date |
|--|----------------|
| Orientation including: <ul style="list-style-type: none"> Occupational Health and Safety (OHS) Policy location Hazard, incident and near miss reporting procedures | |
| LSO's - If any training is required, please list below: <ul style="list-style-type: none"> Support Plan provided for clients How to use Brevity How to access the Policies and Procedures on the Portal | |
| Home Care Workers: <ul style="list-style-type: none"> Task list issued Approved Chemical listing Manual Handling for Home Care Workers | |

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| Managers Name: | |
| Managers Signature: | |
| Date: | |



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|----------------------|--|
| Employee Name: | |
| Employees Signature: | |
| Date: | |