|  |  |
| --- | --- |
| **Name of employee:** |  |
| **Date employment commenced:** |  |
| **Date training commenced:** |  |

|  |  |  |
| --- | --- | --- |
| **MANAGEMENT:**TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: | **YES / NO** | **INITIALS FOR SECTION:** |
| **TRAINER:** | **EMPLOYEE:** |
| Advised of the current Infection Control measures? (Including respiratory illnesses.) |  |  |  |  |
| Given a copy of the company’s health and safety policy to read? |  |  |
| Informed about the company’s risk assessments? |  |  |
| Informed about the company’s COSHH assessments? |  |  |
| Issued with copies of all completed COSHH and Risk assessments to read? |  |  |
| Informed of who their immediate Supervisor is and to whom they should report to in their absence? |  |  |
| Instructed as to what machinery or equipment they are permitted to use or operate? |  |  |
| Instructed about the company’s grievance procedure and about disciplinary action that may result from any breaches of health & safety legislation? |  |  |
| Advised about all aspects of the Health & Safety at Work etc. Act 1974 that affect them and to which they must comply? |  |  |
| Returned the signed acknowledgement slip from the Employee Handbook?  |  |  |
| Instructed about the importance of knowing who is on the company premises? |  |  |
| Informed not to invite unauthorised personnel onto the company’s premises? |  |  |
| **FIRE:**TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: |
| Instructed about the company’s fire procedure? |  |  |  |  |
| Advised of the location of the fire evacuation assembly point?  |  |  |
| Advised of the location of all the emergency exits? |  |  |
| Made aware of the location of the alarm activation points? |  |  |
| Shown the location of firefighting appliances? |  |  |
| Advised of which type of fire appliance to use in the event of a fire? |  |  |
| Advised on how to operate the various fire extinguishers? |  |  |
| Advised on the day and time when the fire alarm is tested? |  |  |
| **FIRST AID:** TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: |
| Instructed on who the company’s First Aider is and where they are? |  |  |  |  |
| Informed about the location of the first aid kits? |  |  |
| Instructed about the importance of reporting all accidents? |  |  |
| Made aware of the location of the accident book and informed of who completes the details in the book? |  |  |
| Told how to notify the company if they are off work due to an accident at work? |  |  |
| **DEFECT REPORTING:**TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: | **YES / NO** | **INITIALS FOR SECTION:** |
|  |  | **TRAINER:** | **EMPLOYEE:** |
| Made aware of their duty to visually inspect all work equipment before use?  |  |  |  |  |
| Instructed on the defective equipment policy operated within the company? |  |  |
| Instructed to record defects in line with company procedures? |  |  |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE):**TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: |
| Issued with the PPE that they are required to use? |  |  |  |  |
| Given the register to sign for PPE / completed the space below. |  |  |
| Trained in the use of any specialist equipment? |  |  |
| Informed about the cleaning & maintenance requirements for the PPE? |  |  |
| Instructed in the correct procedure for storing the PPE? |  |  |
| Advised how to obtain new Personal Protective Equipment (PPE)? |  |  |
| **PPE ISSUED:**DETAIL ANY PERSONAL PROTECTIVE EQUIPMENT ISSUED BELOW, THE TYPE, ANY STANDARDS ACHIEVED AND CONFIRM THE EMPLOYEE HAS BEEN TRAINED IN ITS USE AND CARE (EXPAND ROW BELOW IF REQUIRED): |
|  |
| **WELFARE:**TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: |
| Advised on entrances/exits to be used? |  |  |  |  |
| Advised on parking arrangements? |  |  |
| Instructed on the location of the toilet and washing facilities? |  |  |
| Informed about the location of the staff rest room? |  |  |
| Instructed on where they can obtain hot and cold drinks? |  |  |
| Informed about the facilities provided for heating food? |  |  |
| Informed about the areas in which they are permitted to smoke? |  |  |
| Informed about the location where to store personal clothing and property? |  |  |
| **FOOD HYGIENE:** (DELETE THIS SECTION IF NOT RELEVANT) TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN: |
| Informed about the importance of food hygiene and the importance of washing their hands? |  |  |  |  |
| Informed of the cost of poor food hygiene for the company and themselves? |  |  |
| In attendance of a food hygiene course? |  |  |
| If the answer to the above question is no, has the employee been informed of when they will be sent on a course? |  |  |
| Informed about bacteria and instructed about high-risk foods? |  |  |
| Informed about cleanliness in all working areas?  |  |  |
| Instructed on the wearing of jewellery at work? |  |  |
| Instructed to inform management of ill health as soon as possible? |  |  |
| Instructed about safety in kitchen and associated areas? |  |  |
| Informed about the Hazard Analysis Critical Control Point (HACCP) System that is being operated? |  |  |
| Instructed on the locations where specialist PPE is to be worn? |  |  |
| **MACHINERY AND EQUIPMENT:**TICK TO CONFIRM THAT THE EMPLOYEE HAS BEEN GIVEN INSTRUCTION ON ANY SPECIALIST EQUIPMENT THAT THEY ARE REQUIRED TO OPERATE (LIST THE EQUIPMENT BELOW - EXPAND ROW IF REQUIRED).  |
|  |
| **INDUCTION SIGN OFF:** |
| **Inductor Name:** |  | **Signature:** |  | **Date:** |  |
| **Employee Name:** |  | **Signature:** |  | **Date:** |  |