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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** |  | | |