

INDUCTION TO THE WORK PLACEMENT			
Learner _____			
Occupation _____			
Employment work Start Date at Placement _____			
Address _____ _____			
_____ Post Code _____			
Have you been informed about the employer's duty of care to you and other staff?	YES	NO	What relevant legislation applies to you in the workplace?
To provide a safe workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
To provide a safe means of access to the work place?	<input type="checkbox"/>	<input type="checkbox"/>	
To provide safe systems of work?	<input type="checkbox"/>	<input type="checkbox"/>	
To protect staff from unnecessary risk of injury?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you been informed about your responsibilities while at work?	YES	NO	What are your responsibilities for H & S in the working environment? Include any details of personal equipment used in your job role.
To take reasonable care of your own health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	
To take reasonable care towards others in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	

The need to co-operate with your employer to ensure relevant regulations is complied with?	<input type="checkbox"/> <input type="checkbox"/>	
Are you aware that you must not use any equipment until you have received the appropriate training?	<input type="checkbox"/> <input type="checkbox"/>	<p>List any machinery/equipment you might need to use in your job role?</p>

HEALTH AND SAFETY	YES NO	Where is your health & safety policy stored?
Has the company's policy been explained to you?	<input type="checkbox"/> <input type="checkbox"/>	
Do you have a copy of, or access to, your company's Health and Safety policy?	<input type="checkbox"/> <input type="checkbox"/>	
<p>When was the policy updated last? Name the person responsible for the health and safety in your work area.</p>		

RISK ASSESSMENTS	YES NO	List the risk assessments that have taken place that directly affect you. Eg. Young workers, vulnerable adults, pregnant workers and nursing mothers.
Have you been made aware of risk assessments carried out in your work place?	<input type="checkbox"/> <input type="checkbox"/>	
Have you received instruction/training on lifting and handling loads and protective measures to be taken?	<input type="checkbox"/> <input type="checkbox"/>	<p>What is the procedure for lifting and handling loads called? Explain how to lift safely.</p>
	<input type="checkbox"/> <input type="checkbox"/>	<p>What is the regulation related to hazardous substances called?</p>

Are you aware of any arrangements necessary to protect against hazardous substances?		
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EMERGENCIES AND FIRE ARRANGEMENTS	YES	NO	
Have you been informed on the evacuation procedures in the event of a fire or emergency?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you know where the fire exits are and the need to keep escape routes clear?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of where the fire extinguishers/equipment are positioned?	<input type="checkbox"/>	<input type="checkbox"/>	List the equipment for fire prevention in your work place.

ACCIDENTS	YES	NO	Why do you think it is important to report and record accidents?
Have you been made aware of the accident reporting procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you aware of where the accident book is kept?	<input type="checkbox"/>	<input type="checkbox"/>	Where is the book kept and what sort of information does it contain?
Who would you report to in the event of an injury/disease at work?	<input type="checkbox"/>	<input type="checkbox"/>	What organisation deals with reporting of injury/disease at work and what is the process called?

FIRST AID	YES	NO	Who is the person responsible for First Aid in your workplace?

Have you been made aware of the first aid arrangements of the company?	<input type="checkbox"/> <input type="checkbox"/>	
Where is the first aid box located?		
SAFEGUARDING	YES NO	If you require any further information on safeguarding, please discuss with your assessor.
Are you aware of any safeguarding requirements in your workplace?	<input type="checkbox"/> <input type="checkbox"/>	Useful information: safeguardingadults@herefordshire.gov.uk

ADDITIONAL RISK ASSESSMENTS IF REQUIRED

Please discuss with your employer and your assessor any additional support you may need.

DECLARATION
<p>I certify that the above Health and Safety induction subjects have been explained.</p> <p>Learner signature: _____ Date: _____</p> <p>Print name: _____</p> <p>Supervisory signature: _____</p> <p>Print name: _____ Tel No.: _____</p>
<p>I certify that the learner has been briefed on the information recorded in this document.</p> <p>Signature: _____ Date: _____</p> <p>Print name: _____ Registration number: _____</p> <p>Name of training provider: _____</p>