**Health and Safety Induction Form**

**New EmployeeS / AGENCY / TEMPORARY /**

**TRAINEE / CASUAL OR STUDENT WORKERS**

Managers should ensure that this form is provided to, and completed with, all new staff within one week from the date employment commences.

Please write the date in the boxes when each subject has been covered.

N.B. The subjects listed should be considered as a minimum. Other more job specific issues should be noted on the form or separate sheet (e.g. protective clothing).

This will ensure that the appropriate Health & Safety induction has taken place. Managers should retain the original copy of this document and a copy should be given to the new employee to keep for future reference.

Should you have any queries on completion of this form please contact the Occupational Safety Team.

Additional guidance can be found on the Occupational Safety Website [www.bradford.gov.uk/hands/](http://www.bradford.gov.uk/hands/) .

Issued by : Occupational Safety Team

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| **Subject** | **Date Covered** |
| Welfare facilities (toilets, ventilation and heating, drinking water etc.) |  |
| Health and Safety policy (corporate and LOCAL IF Applicable) |  |
| Risk Assessments RELEVANT TO ROLE |  |
| First Aid EQUIPMENT AND FIRST AIDERS (INCLUDING LOCATION OF DEFIBRILATORS IF APPLICABLE) |   |
| Accident Reporting procedures |   |
| Fire PROCEDURES – ESCAPE ROUtes and DRILLS (Including Personal Evacuation Plan, IF Required) |   |
| BUILDING Security |  |
| PREVENTING AND MITIGATING Violence AT WORK |   |
| HOW TO REPORT HEALTH AND SAFETY CONCERNS and hazards |   |
| MANUAL Handling procedures / equipment |   |
| Health and Safety Training required |   |
| **Others** - The following may need to be included in the induction depending on the job description (please note – this list is not exhaustive):  |
| ADMINISTRATION OF MEDICINES |  |
| HAZARDOUS SUBSTANCES  |  |
| CONTRACTORS ON SITE  |  |
| DISPLAY SCREEN EQUIPMENT  |  |
| WORKING AT HEIGHT |  |
| LONE WORKING |  |
| INFECTION CONTROL |  |
| DRIVING AT WORK (Fleet, Own Vehicle, HGV, Fork Lift, Passenger Transport) |  |

**This is to confirm that I have received induction training in the above areas**

Signed Employee: ………………………………Print Name: ……….………………………

Post Title: ………………………………………………………….…… Date: ……………….

Signed Line Manager: ……………………………………………….... Date: ……………….