|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONTRACTOR/SUB CONTRACTOR INDUCTION** | | | | |
| **Name**  (Please state full name) | |  | | |
| **Company**  (Please enter full address) | |  | | |
| **Site Location**  (Please enter full address and post code) | |  | | |
| **Inducted By:** | |  | | |
| **Date** | |  | |  |
| **1.** | **Company Health and Safety & Environmental Policy** | | | |
|  | Have you seen and understood the company health and safety policy document?  Have you seen the company environmental statement? | **Yes** | **No** | **Notes** |
|  |  |  |
| **2.** | **Emergency Procedures** | | | |
|  | Are you aware of the emergency procedures on site? | **Yes** | **No** | **Notes** |
|  |  |  |
| **3A** | **Site Hazards** | | | |
|  | **Hazard Identification**  Have main site hazards been identified? | **Yes** | **No** | **Notes** |
|  |  |  |
| **3B** | **Site hazards** | | | |
|  | Have any hazards that may be created during the work been identified? | **Yes** | **No** | **Notes** |
|  |  |  |
| **3C** | **Hazard & Risk Controls** | | | |
|  | Have the controls for these hazards been explained? | **Yes** | **No** | **Notes** |
|  |  |  |
| **3D** | **Notification of new hazards** | | | |
|  | Has the process for process for notification of new hazards been explained? | **Yes** | **No** | **Notes** |
|  |  |  |
| **4** | **Safety Equipment** | | | |
| **4A** | **First Aid**  Have you been advised of the location of the first aid kit? | **Yes** | **No** | **Notes** |
|  |  |  |
| **4B** | Have you been advised of the location and distance to the nearest hospital accident and emergency department? | **Yes** | **No** | **Notes** |
|  |  |  |
| **4C** | Has the responsibility and importance of reporting all accidents or near misses been discussed? | **Yes** | **No** | **Notes** |
|  |  |  |
| **4D** | Has the location of the Accident Register and Reporting forms been notified? | **Yes** | **No** | **Notes** |
|  |  |  |
| **4E** | Has the location of the nearest first aider to the work location been identified? | **Yes** | **No** | **Notes** |
|  |  |  |
| **5** | **Fire** | | | |
| **5A** | Have you been notified of the location of your nearest fire exit? | **Yes** | **No** | **Notes** |
|  |  |  |
| **5B** | Has the fire evacuation procedure been communicated? | **Yes** | **No** | **Notes** |
|  |  |  |
| **6** | **Safety Training** | | | |
|  | Is the operative adequately trained, in the safe use of all plant, equipment, personal protective equipment and respiratory protective equipment that they will be required to use during their time on site? | **Yes** | **No** | **Notes** |
|  |  |  |
| **7** | **Site Amenities** | | | |
| **8** | Has the operative been informed of the location of toilets, wash areas, smoking areas where required? | **Yes** | **No** | **Notes** |
|  |  |  |
| **9** | **Personal Protection Equipment (PPE):**  (Please tick all that apply) | | | |
|  |  | **Yes** | **No** | **PPE Notes**  Face fit testing is a legal requirement for all tight fitting RPE |
| Safety Hat |  |  |
| Safety Footwear |  |  |
| Safety Goggles |  |  |
| Hearing protection |  |  |
| High visibility clothing |  |  |
| Other  (As identified by site hazard register) |  | |
| **Respiratory Protective Equipment**  **If Wearing tight fitting RPE**  **Have operatives been face fit tested** |
| **10** | Public liability Insurance | | | |
|  | Has the operative provided a copy of his public liability insurance? | **Yes** | **No** |  |
|  |  |

|  |  |
| --- | --- |
| By signing this slip I acknowledge that I have reviewed the Health & Safety on this site as outlined above, and I am fully aware of my responsibilities | |
| Name |  |
| Company |  |
| Signature |  |
| Date |  |