

WESTERN BUILDERS LIMITED
EMPLOYEE SAFETY INDUCTION RECORD

APPENDIX I

Surname _____	First Names _____
Employee No. _____	Date of Birth _____
Position/Job Title _____	Sex M <input type="checkbox"/> F <input type="checkbox"/>
Job Function _____	Company _____
Workplace Location _____	Telephone / AH: _____

SAFETY INDUCTION PROGRAMME

- I have Read And Am Aware Of My Company's safety Policy Statement
- I am aware of my personal and the company's obligations under the Health & Safety Work Act 1996
- I am aware of the company structure including the safety personnel that I am to report to.
- I have knowledge of the company's Hazard Management Programme, including hazard identification
- I have knowledge of the company's Emergency Procedures
- I have knowledge of the company's Accident/Incident Procedures
- I have knowledge of the company's Safety Performance Programme
- I will actively partake in Safety in my work place.....in my interest and interests of others

DECLARATION

I certify that I have received training and instruction according to the above safety induction programme, including orientation to the work place.

Signed.....

Name.....

Date

Supervisor

Signed.....

Name.....

Date

