

## Staff Induction Form

### Show staff you mean business

This form provides you with essential information that will help you to introduce new staff to your business. Whether they are staying for a few weeks or a few years it is a legal requirement that you provide them with information about your business and that you get their acknowledgement that you have given them the information and instruction necessary to do the job. This form will also simplify and speed up the process of gathering information from them. It will make it easier for you at a time of year when you are busy and time is valuable.

It's just the basics and the start of the process – we hope it helps and offer it with our compliments.

Risk Revolution Team

### Part 1. Induction Check Sheet

Employee name \_\_\_\_\_ Date started \_\_\_\_\_  
 Job title \_\_\_\_\_ Date of induction \_\_\_\_\_  
 Induction completed by \_\_\_\_\_ Date of leaving \_\_\_\_\_

**The new employee has been informed of:**

- First Aiders
- Fire procedures
- Accident procedures/First Aid procedures
- Facilities

**The new employee has been issued:**

- Site plans (issued and explained)
- Health & Safety policy statement
- Safe working practices
- Alcohol and drug policy
- Vehicle and mobile phone policy
- First Aid kit and procedures
- PPE

**The new employee has had explained:**

- Description of the job
- Hours of work and breaks
- Holidays and pay details

**Copies taken for files:**

- Passport/work permit
- Personal details taken for pay
- Training certificates
- Driving licenses - *Check categories for vehicles*

**Employee:**

- Do you agree that the above is a true representation of the induction you have been given?  Yes  No
- Have you read and understood the Health & Safety policies and fire procedures?  Yes  No
- Have you been given the opportunity to ask any other questions  Yes  No



## Staff Induction Form

### Part 2. Employment Medical Questionnaire

#### A. Personal Details:

Address:

Date of Birth: \_\_\_/\_\_\_/\_\_\_

#### B. Occupational History:

Has your employment ever been terminated on the grounds of ill health?  Yes  No

Approximately how many days/weeks sickness absence did you have?

In the last twelve months:..... In the twelve months prior to that:.....

#### C. Medical History:

Are you currently suffering from or have you suffered from any of the illnesses listed below:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Heart trouble          | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Fits/blackouts/epilepsy |
| <input type="checkbox"/> Lung disease           | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Kidney/bladder disorder |
| <input type="checkbox"/> Stomach/bowl trouble   | <input type="checkbox"/> Serious accident    | <input type="checkbox"/> Depression/anxiety      |
| <input type="checkbox"/> Jaundice/hepatitis     | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Skin problems           |
| <input type="checkbox"/> Joint problems         | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Hearing/sight problems  |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Hernia or rupture   | <input type="checkbox"/> Surgical operation      |
| <input type="checkbox"/> Severe stress reaction | <input type="checkbox"/> Back/neck problems  | <input type="checkbox"/> Alcohol/drug related    |

Do you smoke?  Yes  No

Are you currently taking any prescribed medicine?  Yes  No

Are you currently under the care of a Doctor or other medical professional?  Yes  No

If you answered yes to any of the above medical history questions, please give further details here:

#### D. Emergency Details:

Please provide below the contact details of your next of kin in case of emergency

Name  
Address  
Phone Numbers

Please provide below the contact details of your Doctor in case of an emergency

Name  
Address  
Phone Numbers

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_



### Part 3. Statement of Policy for Health & Safety

The Health and Safety at Work Act 1974 imposes a statutory duty on employers to ensure in so far as is reasonably practicable the Health and Safety of their employees whilst at work. This duty also extends to others who may be affected by that work.

TRADING NAME

is committed to the following general policy for Health and Safety: -

We regard the management of Health and Safety as a prime responsibility throughout the business.

1. We will, so far as is reasonably practicable, ensure that:
  - Adequate resources are provided to ensure that proper provision can be made for Health and Safety.
  - Risk Assessments are carried out and periodically reviewed.
  - Systems of Work are provided and maintained and that these are safe and without risks to health.
  - Arrangements for use, handling, storage, and transport of articles and substances for use at work are safe and without risk to health.
  - All employees are provided with such information, instruction, training and supervision as is necessary to secure their safety and health at work and the safety of others who may be affected by their actions.
  - The provision and maintenance of all plant, machinery and equipment is safe and without risk to health.
  - The working environment of all employees is safe and without risk to health and that adequate provision is made with regard to the facilities and arrangements for their welfare at work.
  - The place of work is safe and that there is safe access to and egress from the work place.
2. *It is the duty of all employees at work:*
  - *To take reasonable care for the Health and Safety of themselves and of other persons who may be affected by their acts or omissions at work and co-operate with us in fulfilling our statutory duties.*
  - *Not to interfere with or misuse anything provided in the interests of Health and Safety.*
3. We recognise the need to work together with our employees, business partners, the enforcement authorities and others to best implement this Policy.
4. We will, in the course of its activities, create, maintain and publish management systems and procedures to promote Health and Safety. These systems will also set objectives and will undergo continuous improvement in order to optimise performance and reflect legal, technological and other advances.
5. This Health and Safety Policy will be reviewed at least annually, amended and updated as and when necessary. Communication of any such changes will be made to all employees.
6. We will ensure that this policy, the management systems, which support it, and subsequent performance, are subject to periodic review and compliance audit.
7. This general policy statement should be supported by further documents, which describe the business, and the arrangements set in place for its implementation. PERSON RESPONSIBLE is responsible for the co-ordination of these procedures.
8. We will provide adequate and appropriate resources to implement this policy

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_

### Part 4. Training

Have you attended any of the following training courses in the last three years?

Basic Health & Safety  Yes  No

Do you have the appropriate qualification for a Telescopic Handler  Yes  No

If yes, have you had a Refresher course?  Yes  No

Manual handling  Yes  No

Working at Height  Yes  No

Abrasive Wheel  Yes  No

Risk Assessment  Yes  No

Please state any other relevant training courses you have attended within the last three years:

### Part 5. Working Time Regulations Opt-out

The Working Time Regulations 1998 stipulate an average working week of 48 hours per week.

In the UK we have the right to opt-out of this limit. If you wish to opt-out please sign below.

Please note that exercising your right to opt-out does not mean that you have to work more than 48 hours per week, it gives you the right to do so if you wish.

You may cancel your opt-out by giving the Company \_\_ weeks notice of this in writing.

I wish to opt-out of the 48 hour limit.

Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_