

Item No

1. Contractor Name: Start Date:/...../.....
 Client Name:

2. INSTRUCTIONS

- Please complete this checklist prior to commencing regular duties.
- Discuss all items and tick (✓) each box on completion.
- In acknowledgement that the induction is completed, please ensure this checklist is signed.
- Fax the checklist to Adaps Contractor Care. Fax # 03 9867 1865.

3. Tick each item in acknowledgement of completion:-

- Workplace walk around to indicate location of amenities / facilities
- Identification of Client's Health & Safety Representative
- Emergency evacuation plan / procedures, location of nearest exit and assembly point(s)
- Location of First Aid Kit and/or room / Identification of First Aid Officer
- Awareness of safety signage / restricted areas
- How to report injury, incidents, near misses and potential hazards

Equipment to be operated:-

PC ; Laptop ; Printer ; Scanner ; Photocopier ; Guillotine ; Binder ; Fax ; Telephone ; Headset ;

Other (please specify);

Instruction on work safe methods and use of equipment

Protective / Special Equipment (if applicable) including instruction in correct use

Specific workplace hazards exposed to that Adaps should be aware of include;

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Please specify and detail instructions provided in this respect

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4. IMPORTANT NOTE: Any changes to the contractor's or payroller's job or duties must be identified immediately and reported to the Contractor Care Team; email cc@adaps.com.au

5. I have received and understood the induction covering the items outlined above.
 I have also received a copy of and understand the requirement in reporting an accident/incident to Adaps.
 I have also read and understood the Adaps OH&S Policies details on the website;
<http://www.adaps.com.au/adaps-ohs>

COMPLETED BY:

NAME:..... SIGN:.....DATE:...../...../.....

Adaps Contractor

NAME:..... SIGN:.....DATE:...../...../.....
 Client Representative