## **Job Title Date of Birth**

**Employee Induction** 

Name

**Start Date** 

Documentation & general assessment					
Starter Pack issued	Yes / No	Starter Pack: Employee hands Uncontrolled copies of Quality description, Fire Prevention, So competency requirements.	& Environmen	t Managei	ment system, Job
Principal statement of terms and Conditions	Yes / No				
Private & Confidential form (receipt of employee handbook)	Yes / No				
Job Description	Yes / No				
Emergency Actions	Yes / No				
List of PPE/RPE issued	Hard hat; Glasses; Set of Overalls; Steel toe-capped boots; Gloves.				
Medical complaints or physical/mental disabilities					
Any Special circumstances affecting employment?	(e.g. Religious / cultural beliefs or rituals affecting work patterns or willingness to undertake certain activities; family, or marital problems – sensitive issues do not have to be disclosed – an awareness is all that is required)				
Criminal record or other prosecutions against individual					
Formal qualifications or skills attained during working life					
For Forklift drivers, HGV drivers, and company car drivers	Copies of AD Copies of Fo	SV License received R License received rklift License received ving License received	Yes Yes Yes Yes	No No No No	N/A N/A N/A N/A

Please Note: All equipment issued by FENIX remains the property of FENIX and should be returned to your Departmental Manager on termination of employment.

FENIX reserve the right to recover losses incurred as a result of general equipment or personal protective equipment not being returned.

Any other information that you feel may be relevant to your employment with the Company?	

## **Employee Induction**

In attending the site induction, we shall endeavour to raise your awareness of the following subjects to promote Health, safety & the environment and inform you of Company procedures which will affect any work undertaken whilst employed as a representative of the Company.

as a representative of the Company.	
Site Fire & Emergency Procedures	Yes / No
Location of Assembly Points	Yes / No
Emergency Eye wash & Showers	Yes / No
Reporting of Accidents	Yes / No
Reporting of Dangerous Occurrences	Yes / No
Permit to Work systems	Yes / No
соѕнн	Yes / No
Key Personnel on Site	Yes / No
First Aid Arrangements	Yes / No
Welfare Facilities	Yes / No
Workplace Transport Safety	Yes / No
PUWER/LOLER	Yes / No
Restricted Areas	Yes / No
Hazardous Areas	Yes / No
Bio Hazards	Yes / No
Working at Height	Yes / No
Fragile Roofs/Roof Access	Yes / No
Manual Handling	Yes / No
Personal Protective Equipment	Yes / No
Site Housekeeping	Yes / No
Portable Appliance use and tests	Yes / No
Hand/Arm Vibration (White Finger)	Yes / No
Noise	Yes / No
Electrical Hazards	Yes / No
Quality system Overview	Yes / No

## Induction was carried out by:

Name	Signature	Date	

## **Declaration by New employee**

- I confirm that I have received the induction, as detailed in this document, and have also received the information.
- I understand that attendance of various training workshops and competency assessments are necessary during my employment and agree to fully cooperate with the company and attend all necessary training.
- I have also been made aware of my obligations to not only look after my own safety and welfare but to look after the safety and welfare of other people.

Name	Signat	ure	Date	