

Induction checklist

(insert organisation / logo)

Welcome to the < insert team name if applicable > team.

To assist you in preparing to work with us, we want to share some information about our working environment as well as some of the terms and conditions that apply to all team members.

The following checklist is to be completed within the first 5 days of employment with us and will be reviewed with you by < insert name of reviewer > someone they nominate if they are unavailable.

Should you have any questions, please do not hesitate to ask us for more information.

Employee name: < insert employee name >

Date: < insert date >

Items to cover	Explain		Date	Initial
Contract of Employment	Employment status	<input type="checkbox"/>		
	Job description	<input type="checkbox"/>		
	Probationary period – confirm duration	<input type="checkbox"/>		
	Termination / resignation period	<input type="checkbox"/>		
	Pay rates	<input type="checkbox"/>		
	Hours of work	<input type="checkbox"/>		
Hours of work and rosters	When and where rosters are posted	<input type="checkbox"/>		
	How to request days off, make roster amendments	<input type="checkbox"/>		
	Timesheets / attendance	<input type="checkbox"/>		
Operational standards and procedures / manuals	Where they are located	<input type="checkbox"/>		
Company policies	Staff smoking and non-smoking area	<input type="checkbox"/>		
	Uniform / name badges	<input type="checkbox"/>		
	Reporting absences or lateness	<input type="checkbox"/>		
	Drug and alcohol policies	<input type="checkbox"/>		
	Disciplinary and grievance procedures	<input type="checkbox"/>		
	Personal visits, telephone calls, use of personal phone on duty	<input type="checkbox"/>		
	Parking for staff	<input type="checkbox"/>		
	Code of conduct	<input type="checkbox"/>		
EEO, harassment & bullying policies	Copy sighted and reviewed	<input type="checkbox"/>		
WHS and rehabilitation policy	Copy sighted and reviewed	<input type="checkbox"/>		
	Reporting of accidents / injuries	<input type="checkbox"/>		
WHS hazards – training given/ scheduled	Equipment	<input type="checkbox"/>		
	Chemical	<input type="checkbox"/>		
	Environmental	<input type="checkbox"/>		
	Manual handling	<input type="checkbox"/>		
Emergency procedures	Who to contact in an emergency	<input type="checkbox"/>		
	First aid stations and officers	<input type="checkbox"/>		
	Evacuation procedures, equipment and muster points	<input type="checkbox"/>		

For more information on this topic, refer to **Chapter 3. Induct, Train and Develop** of *Your Workforce – a guide for Northern Territory Employers*.

Items to cover	Explain	Date	Initial
Tour of workplace	Customer toilets and facilities	<input type="checkbox"/>	
	Outlets – Restaurant, Bar, Gaming Room, Children’s play area	<input type="checkbox"/>	
	Back-of-house areas / offices, kitchens	<input type="checkbox"/>	
	Smoking spaces and non-smoking areas for customers	<input type="checkbox"/>	
	Grounds / outdoor facilities	<input type="checkbox"/>	
	Access to building	<input type="checkbox"/>	
	Storage rooms	<input type="checkbox"/>	
	Goods delivery point	<input type="checkbox"/>	
Introductions	Co-workers	<input type="checkbox"/>	
	Supervisors	<input type="checkbox"/>	
	Organisational chart	<input type="checkbox"/>	
	Other areas	<input type="checkbox"/>	
Paperwork	Tax declaration	<input type="checkbox"/>	
	Fair Work Statement	<input type="checkbox"/>	
	Superannuation – fund of choice	<input type="checkbox"/>	
	Employee detail form	<input type="checkbox"/>	
	Union membership	<input type="checkbox"/>	
	Bank account details	<input type="checkbox"/>	
	Visa documents / evidence of work entitlement	<input type="checkbox"/>	
	Fair Work Statement	<input type="checkbox"/>	
Other: (include any other items specific to this persons employment role)			
Induction conducted by:			
I agree that I have been instructed on the items listed for this induction and that I am willing to comply with the requirements for being a part of this team, including adhering to operational procedures and policies as implemented and maintained.			
Where I am unsure about an aspect of my employment or conditions of work, I will proactively seek further information from the management team.			
Employee’s signature:		Date:	

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