# 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 | [ ]  |  |  |
| Job description | [ ]  |  |  |
| Probationary period – confirm duration | [ ]  |  |  |
| Termination / resignation period | [ ]  |  |  |
| Pay rates | [ ]  |  |  |
| Hours of work | [ ]  |  |  |
| Hours of work and rosters | When and where rosters are posted | [ ]  |  |  |
| How to request days off, make roster amendments | [ ]  |  |  |
| Timesheets / attendance | [ ]  |  |  |
| Operational standards and procedures / manuals | Where they are located | [ ]  |  |  |
| Company policies | Staff smoking and non-smoking area | [ ]  |  |  |
| Uniform / name badges | [ ]  |  |  |
| Reporting absences or lateness | [ ]  |  |  |
| Drug and alcohol policies | [ ]  |  |  |
| Disciplinary and grievance procedures | [ ]  |  |  |
| Personal visits, telephone calls, use of personal phone on duty | [ ]  |  |  |
| Parking for staff | [ ]  |  |  |
|  Code of conduct | [ ]  |  |  |
| EEO, harassment & bullying policies | Copy sighted and reviewed | [ ]  |  |  |
| WHS and rehabilitation policy | Copy sighted and reviewed | [ ]  |  |  |
| Reporting of accidents / injuries | [ ]  |  |  |
| WHS hazards – training given/scheduled | Equipment | [ ]  |  |  |
| Chemical | [ ]  |  |  |
| Environmental | [ ]  |  |  |
| Manual handling | [ ]  |  |  |
| Emergency procedures | Who to contact in an emergency | [ ]  |  |  |
| First aid stations and officers | [ ]  |  |  |
| Evacuation procedures, equipment and muster points | [ ]  |  |  |
| Tour of workplace | Customer toilets and facilities | [ ]  |  |  |
| Outlets – Restaurant, Bar, Gaming Room, Children’s play area | [ ]  |  |  |
| Back-of-house areas / offices, kitchens | [ ]  |  |  |
| Smoking spaces and non-smoking areas for customers | [ ]  |  |  |
| Grounds / outdoor facilities | [ ]  |  |  |
| Access to building | [ ]  |  |  |
| Storage rooms | [ ]  |  |  |
| Goods delivery point | [ ]  |  |  |
| Introductions | Co-workers | [ ]  |  |  |
| Supervisors | [ ]  |  |  |
| Organisational chart | [ ]  |  |  |
| Other areas | [ ]  |  |  |
| Paperwork | Tax declaration | [ ]  |  |  |
| Fair Work Statement | [ ]  |  |  |
| Superannuation – fund of choice | [ ]  |  |  |
| Employee detail form | [ ]  |  |  |
| Union membership | [ ]  |  |  |
| Bank account details | [ ]  |  |  |
| Visa documents / evidence of work entitlement | [ ]  |  |  |
|  | Fair Work Statement  | [ ]  |  |  |
| **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: |  |