## OHSE INDUCTION CHECKLIST

**Organisation:** __________________________________________________

Please tick all of the topics covered as applicable

<table>
<thead>
<tr>
<th>Topic</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation overview and site tour (e.g. amenities, tea/coffee, workplace orientation)</td>
<td></td>
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<tr>
<td>Organisations health and safety policies and procedures (e.g. general safety)</td>
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<tr>
<td>How to and who to report hazards, incidents, injuries or unsafe work practices</td>
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<tr>
<td>What you should do if you are injured</td>
<td></td>
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<tr>
<td>First Aid (e.g. contact, location of first aid kit)</td>
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<tr>
<td>Explanation of significant hazards and location of material safety datasheets</td>
<td></td>
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<tr>
<td>Emergency evacuation procedures (signage, fire doors, fire extinguishers, evacuation meeting points, procedures and emergency numbers)</td>
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<tr>
<td>Manual handling procedures</td>
<td></td>
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<tr>
<td>Personal protective equipment arrangements</td>
<td></td>
</tr>
<tr>
<td>Instruction on equipment student will be using (list equipment over leaf)</td>
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</tr>
<tr>
<td>Personal protective equipment arrangements</td>
<td></td>
</tr>
<tr>
<td>Restricted areas, security and access controls</td>
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</tbody>
</table>

**Other: (please specify)**

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I have received and understood the items outlined as above.

**Student**

Signature:_____________________

Name:________________________

Date:________________________

**Supervisor**

Signature:_____________________

Name:________________________

Date:________________________

Once completed please return to Clinical Coordinator
OHSE INDUCTION CHECKLIST

List of Equipment: (please specify)

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Once completed please return to Clinical Coordinator