

Safety Induction



Staff Safety Induction

Date of Induction: ____/____/20____

Employee/Volunteer Name: _____

Site for which this induction is relevant: Holland Park Vet Clinic Park Environment

Person conducting induction: _____

	Description	Please Tick		Comments
		Yes	No	
1	Introduction – description of classes to be conducted			
2	Site Tour <ul style="list-style-type: none"> • Toilets • Exits • Facilities • Training location • Equipment location 			
3	Site Rules (copy provided)			
4	WHS discussion – risks and management of these			
5	Emergency procedures <ul style="list-style-type: none"> • Fire/evacuation • Meeting points • Injury • Escaped pet 			
6	Incident Reporting			
7	Hazard Reporting			
8	First Aid <ul style="list-style-type: none"> • Location of first aid equipment • All staff members must be current in HLTAID003 – Provide First Aid 			
9	Use and location of PPE (for cleaning etc and using Avicare disinfectant.			
10	Security and Access (Alarm/Keys)			

This information has been provided to me:

Name and Signature of employee/volunteer

Name: _____

Signature: _____

Date: ____/____/20____

Name and Signature of witness

Name: _____

Signature: _____

Date: ____/____/20____

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