

# Triathlon ACT OFFICE – EMPLOYEE SAFETY INDUCTION



*This report is to be completed by the New Employee and the Executive Director (or representative).*

<b>Employee Name:</b>	<b>Date:</b>
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Area	Training Delivered	Signed (ED)
<b>EVACUATION</b>	Evacuation route(s)	
	Location of Fire Equipment	
	Evacuation alarm testing	
	Evacuation assembly location	
<b>FIRST AID</b>	Location of First Aid kit	
	<u>TACT First Aid Officer</u> Name:	
<b>OFFICE ENVIRONMENT</b>	Non-smoking	
	No drugs or alcohol	
<b>WHS POLICY</b>	WHS Policy explained	
	Location of WHS documents	
	<u>Governance Sub-Committee</u>	
	Health & Safety Meeting schedule	
	Chairperson: Governance Sub-Committee Chair	
WHS Quiz Result:	/4	
<b>OTHER MATTERS RAISED</b>		

PERSON(S) CONDUCTING THIS INSPECTION	
Declaration	Signature and Date
I have completed the TACT WHS Employee Safety Induction, and I am familiar with the TACT WHS Management System	

*When completed, please scan and upload to the WHS folder in the TACT-Drive*