

TNSW OFFICE - EMPLOYEE SAFETY INDUCTION

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



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

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

When completed, please scan and upload to the WHS folder in the TNSW Z-Drive