

Checklist: Volunteer HSW Induction

School/ Workplace:	
Name:	
Activity:	

General HSW Induction	Provided
First Aid Procedures	<input type="checkbox"/> Yes
Location of First Aid Rooms/Kit, Names of First Aid Officer(s)	<input type="checkbox"/> Yes
Hazard Reporting, Incident and near miss reporting procedures	<input type="checkbox"/> Yes
Risk Management – Follow any Risk assessments, Safe work practices, Safe operating procedures, Safe work instructions applicable to your volunteering work and Fact Sheets	<input type="checkbox"/> Yes
Traffic Management Plan	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Emergency and Lockdown Procedures	<input type="checkbox"/> Yes
Review of 'Volunteers First Response Evacuation Instructions' and successful completion of the assessment 'Volunteer First Response Evacuation Instructions Training' (completed within 1 month of commencing work and every 2 years thereafter) Refer to Emergency Management Procedure	<input type="checkbox"/> Yes Date:
Provided with general evacuation instruction (completed within 2 days of commencing work and annually thereafter) Refer to Emergency Management Procedure	<input type="checkbox"/> Yes Date:
General Information – Staff Amenities	<input type="checkbox"/> Yes
Volunteer Statement of Responsibility	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
HSW Training Requirements (tick when completed)	Completed
Complete BCE Volunteer Code of Conduct	<input type="checkbox"/> Yes
Job Specific Induction (tick when completed)	Completed
Task specific Safe Work Procedures have been provided and explained (e.g. use of plant and equipment) e.g. Grounds, ITD, Science, Home Ec, Visual Arts, Tuckshop Document what procedures have been reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
Task specific requirements for safety risk management have been provided and explained (e.g. Risk Assess for science experiments) Document what task specific requirements have been reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

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Signatures	
Volunteer – I have completed all identified training and understood the HSW induction applicable to my appointment.	Signature: Date:
Principal/Manager or delegate – The volunteer has completed a HSW Induction and relevant HSW training	Signature: Date: Name: Position: