

Checklist: Volunteer HSW Induction

| School/Workplace: | | |
|--|---|--------------------------|
| Name: | | |
| Activity: | | |
| General WHS Induction | | Provided |
| First Aid Procedures | | 🗆 Yes |
| Location of First Aid Rooms/Kit, Names of First Aid Officer(s) | | 🗆 Yes |
| Hazard Reporting, Incident and near misses – please report to your supervisor | | 🗆 Yes |
| Risk Management – Follow any Risk assessments, Safe work practices, Safe operating procedures, Safe work instructions applicable to your volunteering work and Fact Sheets | | □ Yes |
| Traffic Management Plan | | 🗆 Yes |
| Emergency and Lockdown Procedures | | 🗆 Yes |
| General Information – Staff Amenities | | □ Yes |
| Volunteer Statement of Responsibility | | □ Yes □N/A |
| WHS Training Requirements (tick when completed) | | Completed |
| Complete Code of Conduct for Volunteers and Other Personnel Training | | 🗆 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 Task specific requirements for safety risk management have been provided and explained (e.g. Risk Assess for science experiments) | | □ Yes □N/A □ Yes □N/A |
| Signatures | | |
| Volunteer – I have completed all identified training and understood the WHS induction applicable to my appointment. | Signature: Date: | |
| Principal/Manager or delegate – The volunteer has completed a WHS Induction and relevant WHS training | Signature: Date: Name: Position: | |