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| --- |
| **Details** |
| Description |  |
| Location |  |
| Person in Charge |  | Contact No. |  |
| Contractor Contact  |  | Contact No. |  |
| Date |  | Time |  |
|  |  |  |  |
| **Who is being inducted (inductee)** |
| Full name |  |  |
| Occupation |  |  |
| Company name |  |  |
| Under who’s instruction  |  |  |
|  | (Are they self-employed working under another organisations procedures) |  |
| Time served in industry |  |  |
|  | (This will identify if the inductee is new to the construction industry and further supervision/guidance will be required) |  |
|  |
| **Skills and knowledge** – (tick relevant card type) |
| CSCS |  |[ ]  CPCS | [ ]  | CISRS |  [ ]  | NRSWA |  [ ]  | Other – Please state below | [ ]  |
|  |  |
| Are all cards identified valid? (i.e. in date and relevant to the project/works you’re undertaking) |  | Yes | [ ]  | No | [ ]  |
| Are you a First Aider / an Appointed Person? (delete as necessary) |  | Yes | [ ]  | No | [ ]  |
|  |
| **Emergency information** |
| Emergency contact name |  |  |
| Emergency contact number  |  |  |
| Relationship |  |  |
| Do you have any medical conditions that university First Aiders or person in charge should be made aware of? |
| Asthma |  |  [ ]  | Heart condition |  [ ]  | Diabetes |  [ ]  | Epilepsy |  [ ]  | Hearing loss |  [ ]  |
| Other – Please state |  |  |
| This information is **NOT** mandatory. However, providing it will ensure you receive prompt and appropriate treatment whilst working on our site |  |
|  |
| **Works briefing** |
| Have you received a brief containing risk assessments and method statements (including COSHH assessments) and agreed these? | Yes | [ ]  | No | [ ]  |
|  |

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|  |
| **Arrangements –** Tick the relevant subjects discussed that are applicable during the induction | Yes | No | N/A |
| Project/works location |  [ ]  |  [ ]  |  [ ]  |
| Details of the scope of the project/works |  [ ]  |  [ ]  |  [ ]  |
| Key members of the ‘Site Management Team’ |  [ ]  |  [ ]  |  [ ]  |
| Traffic management explained (boundaries, routes, security procedures etc) |  [ ]  |  [ ]  |  [ ]  |
| Location of the welfare facilities |  |  [ ]  |  [ ]  |  [ ]  |
| Methods of consultation regarding health and safety (method statements, toolbox talks etc) |  |  [ ]  |  [ ]  |  [ ]  |
| Actions to be taken in the event of an incident or near miss |  |  [ ]  |  [ ]  |  [ ]  |
| Name(s) of the First Aider(s) and facilities available, along with location(s) |  |  [ ]  |  [ ]  |  [ ]  |
| Fire and emergency procedures (escape route, assembly points etc) |  |  [ ]  |  [ ]  |  [ ]  |
| Location of fire alarm (call point) and fire extinguishers. Fire doors MUST remain shut |  |  [ ]  |  [ ]  |  [ ]  |
| Smoking restrictions, and if relevant the designated area |  |  [ ]  |  [ ]  |  [ ]  |
| Site rules explained |  |  [ ]  |  [ ]  |  [ ]  |
| Minimum PPE requirements (as per company risk assessments MUST be followed) |  |  [ ]  |  [ ]  |  [ ]  |
| Personal responsibilities and conduct along with disciplinary procedures |  |  [ ]  |  [ ]  |  [ ]  |
| Permit procedures |  |  [ ]  |  [ ]  |  [ ]  |
| Housekeeping and waste segregation |  |  [ ]  |  [ ]  |  [ ]  |
| Compliance with your company’s Health, Safety and Environmental procedures |  |  [ ]  |  [ ]  |  [ ]  |
| How to raise an issue of a confidential nature (Directly to UoN Health and Safety Department) |  |  [ ]  |  [ ]  |  [ ]  |
| Safe use of plant and equipment |  |  [ ]  |  [ ]  |  [ ]  |
| Working at height procedures (fragile roofs) |  |  [ ]  |  [ ]  |  [ ]  |
| Safe use of scaffolding, mobile towers etc (scaff-tag system / inspections) |  |  [ ]  |  [ ]  |  [ ]  |
| Site specific information which was given within the pre-construction information |  |
| Asbestos |  |  [ ]  |  [ ]  |  [ ]  |
| Occupied properties |  |  [ ]  |  [ ]  |  [ ]  |
| Sharps (needles) |  |  [ ]  |  [ ]  |  [ ]  |
| Contaminated land |  |  [ ]  |  [ ]  |  [ ]  |
| HV electricity (separate permit to work MUST be issued) |  |  [ ]  |  [ ]  |  [ ]  |
| Known utility services |  |  [ ]  |  [ ]  |  [ ]  |
| Confined space(s) (separate permit to work MUST be issued) |  |  [ ]  |  [ ]  |  [ ]  |
| Electrical supply |  |  [ ]  |  [ ]  |  [ ]  |
| COSHH |  |  [ ]  |  [ ]  |  [ ]  |
| Other know health hazards (labs, etc) |  |  [ ]  |  [ ]  |  [ ]  |
| Environment information which was given within the pre-construction information  |
| Noise |  |  [ ]  |  [ ]  |  [ ]  |
| Dust |  |  [ ]  |  [ ]  |  [ ]  |
| Water course |  |  [ ]  |  [ ]  |  [ ]  |
| Re-fuelling |  |  [ ]  |  [ ]  |  [ ]  |
| Drainage |  |  [ ]  |  [ ]  |  [ ]  |
| Open discussion about project/works – highlight other issues raised by the inductee |
|  |  |
| Any significant changes or updates to health and safety documentation will be communicated by ‘toolbox talks’ and ‘site meetings’ |  |
|  |  |  |  |
| **Confirmation of induction –** I understand all the information and instruction given in this induction |
| Print Name(Inductee) |  | Signature |  |  |
| **Confirmation from person in charge** – I have provided an adequate induction for the project/works to the above person |
| Print Name |  | Signature |  |  |