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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 | |  | | |  | |