

Temporary Workers must:

- **Complete** form with Site Manager/Supervisor on **first day** of every temporary assignment
- **Return** completed form via fax **(02) 9317 3444** or email **info@recruitmentedge.com.au**
- **Contact** Recruitment Edge prior to **any** changes to Temporary Job/Position

Company Name:		
Temporary Worker's Name:	Position/Job Title:	Start Date:

Work Health & Safety (WHS) Assignment Induction - *Please indicate the following with ✓*

Have you been provided with / advised of:	Yes	No	Have you been provided with / advised of:	Yes	No
Work times + meal breaks	<input type="checkbox"/>	<input type="checkbox"/>	Change room + facilities/toilets	<input type="checkbox"/>	<input type="checkbox"/>
Job description + responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	Phone calls/mobile phone rules	<input type="checkbox"/>	<input type="checkbox"/>
Structure of Co + overtime arrangements	<input type="checkbox"/>	<input type="checkbox"/>	Out of hours enquiries/emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Health Safety Representative/s	<input type="checkbox"/>	<input type="checkbox"/>	Supervisors & co-workers	<input type="checkbox"/>	<input type="checkbox"/>
Personal security (Storing belongings etc)	<input type="checkbox"/>	<input type="checkbox"/>	Quality Management procedures	<input type="checkbox"/>	<input type="checkbox"/>
Environmental management procedures	<input type="checkbox"/>	<input type="checkbox"/>	Harassment/ bullying policies	<input type="checkbox"/>	<input type="checkbox"/>
Roles & responsibilities to manage safety	<input type="checkbox"/>	<input type="checkbox"/>	WHS policy / procedures	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol / drugs policies	<input type="checkbox"/>	<input type="checkbox"/>	Incident reporting procedure	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>	Information on hazards within the workplace.	<input type="checkbox"/>	<input type="checkbox"/>
First Aid - location, procedures.	<input type="checkbox"/>	<input type="checkbox"/>	Hazard reporting procedure	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training & assessment to confirm your safe work procedure knowledge	<input type="checkbox"/>	<input type="checkbox"/>	Specific job related hazards & methods of control (incl. SWMS)	<input type="checkbox"/>	<input type="checkbox"/>
Use of Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	Items specific to site/role not on this checklist	<input type="checkbox"/>	<input type="checkbox"/>

To be Completed by Manager / Supervisor	To be Completed by Temporary Worker	To be Completed by Recruitment Edge
I have inducted the Worker Yes <input type="checkbox"/>	I have received an induction Yes <input type="checkbox"/>	Worker has been inducted Yes <input type="checkbox"/>
Conducted by (Print Name):	Temporary Employee (Print Name):	Representative (Print Name):
Signature:	Signature:	Signature:
Position/Job Title:	Position/Job Title:	Position/Job Title:
Date:	Date:	Date:
Further Action Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Action Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Further Action Required: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please report any incidents / injuries to Temporary Workers to Recruitment Edge 02 9317 2333

OFFICE USE ONLY Scanned to Company File Database Updated