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| **Company Name**Induction Checklist Form |

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| **Employee Name:** |  | **Job Title:** |  |
| **Buddy Name:** |  | **Job Title:** |  |

It is the Company’s policy to induct all new employees. This induction checklist is designed to ensure that all relevant information is covered. Each point should be ticked to confirm this and the form should then be signed by the new employee and placed in their personnel file.

**1. INTRODUCTION TO THE COMPANY (please tick when complete)**

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| Explain the structure of the Company and its objectives. | **☐** |
| Explain the purpose of the new employee’s role. | **☐** |

**2. HOUSEKEEPING (please tick when complete)**

|  |  |
| --- | --- |
| Where will the new employee sit? | **☐** |
| Explain phone system, access codes, photocopier rules, etc. | **☐** |
| Point out kitchen, washing facilities, toilets. | **☐** |
| Explain office security arrangements including access codes. | **☐** |
| Explain communication methods – notice boards; suggestion boxes. | **☐** |
| Explain restrictions re: use of phones/mobiles/social media. | **☐** |
| Explain how/when employee will be paid. | **☐** |
| Has all new start paperwork been completed and signed? | **☐** |
| Confirm holiday entitlement and process to follow when booking holiday. | **☐** |
| Explain dress standards/PPE. | **☐** |
| Confirm procedure to be followed in the event of sickness or other absence and explain sick pay. | **☐** |

1. **HEALTH & SAFETY (please tick when complete)**

|  |  |
| --- | --- |
| Procedure in the event of fire (alarms, fire exits, fire extinguishers) | **☐** |
| Procedure in the event of an accident | **☐** |
| Location of first aid box/accident book | **☐** |
| Explain industry specific PPE; safe systems of work; equipment use & maintenance etc. |  |
| Who is responsible for first aid? | **☐** |

1. **STAFF POLICIES (please tick when complete)**

Has the new employee received the following Company Policies and have they been explained to him/her?

|  |  |  |
| --- | --- | --- |
| Disciplinary Policy & Procedure | **☐** Yes **☐** No | <<insert comments>> |
| Grievance Procedure | **☐** Yes **☐** No | <<insert comments>> |
| Health & Safety Policy | **☐** Yes **☐** No | <<insert comments>> |
| Fire Safety Policy & Procedure | **☐** Yes **☐** No | <<insert comments>> |
| Harassment & Bullying Policy | **☐** Yes **☐** No | <<insert comments>> |
| Sickness and Absence Policy | **☐** Yes **☐** No | <<insert comments>> |
| Anti-Bribery Policy | **☐** Yes **☐** No | <<insert comments>> |
| IT, Internet & Social Media Policy | **☐** Yes **☐** No | <<insert comments>> |

I confirm the induction has been completed and that I have received and understood the information set out above:

|  |  |
| --- | --- |
| Employee Name: | <<insert name>> |
| Signature: | <<insert signature>> |
| Date: |  |