## **OSHA INDUCTION CHECKLIST**

DATE					
NAME OF INDUCTED PERSON					
COMPANY/DEPARTMENT					
POSITION					
			_		
NO.	DESCRIPTION OF INDUCTION POINTS	REQUIRED (✓ OR X)	DATE COMPLETED	GIVEN BY	

INDUCTED EMPLOYEE:	SIGNATURE:
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INDUCTED BY: \_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_