

# Work area induction Checklist

Environment Health & Safety

Format No.:

Employee Name	Designation / Department
Work Experience	

Induction Points	Required (✓ or x)	Completion Date

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department – Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Effectiveness Checking

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Checked By; \_\_\_\_\_ Signature; \_\_\_\_\_