Work area induction Checklist

Environment Health & Safety

Format No.:			LITVII OI II II GITI I	lealin & salety	
TOMICINO					
Employee Name De			Designation / Department		
Work Experience					
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Induction Points			Required (√ or x)	Completion Date	
Employee Signature:	Date:				
Supervisor Signature:	Data				
supervisor signature.	Dale				
Department – Manager Signature:	Dat	te:			
Effectiveness Checking					
- Indentation checking					
Checked By;			Signature;		