Below is a suggested list for the line manager to cover with a new staff member in the team. If you are a staff member starting work, you may want to ask about these topics as you start your induction.

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| First Day |  | Initial and date when done |
| Fire | Action in the event of a fire e.g.   * muster area * location of call points * system for evacuation * role of staff * identity of local fire wardens/controllers |  |
| Welfare Facilities | * location of facilities * toilets * areas for smoking |  |
| First Aid | * names of first aiders * location of first aid box |  |
| Security | * entrances and exits to building * codes or swipe cards |  |
| Other | Emergency contact details |  |

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| First Week |  |  |
| Personal Safety | * System for lone working * who to call in an emergency * occupational Road Risk Policy * mobile phone policy * other |  |
| Safe systems of work related to post | * Moving and handling of children or inanimate loads * dealing with chemicals or machines * working at height * violence prevention * other |  |
| List of work area checks | * Storage * electrical cable safety * trip hazards * Display Screen Equipment assessment (if applicable) * Other |  |

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| First Month |  |  |
| Accident procedures: | * Who to report accidents to * what accident forms to complete * system for accidents after hours or away from site * Information needed for line manager to be able to investigate |  |
| Health and Safety policies: | * Where they can be found? * job specific policies e.g. occupational road risk, mobile phone policy |  |
| Documents for H&S information: | e.g. KELSI/Knet documents |  |
| H&S Legal responsibilities: | * He or she must look after own Health & Safety and the safety of others * report shortcomings or defects in a prompt timely manor * co-operate with employer * attend necessary training |  |
| Training required: | Discussion about health and safety training that may be required for job |  |

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| Notes: |

To be completed by the new member of staff:

I agree that I have been given all relevant information covered by the above list

|  |  |
| --- | --- |
| Name (block capitals) |  |
| School/Directorate |  |
| Signed |  |
| Date |  |

To be completed by Line Manager / Appointed Person:

|  |  |
| --- | --- |
| Name (block capitals) |  |
| Signed |  |
| Date |  |