Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick those items you have been shown and read:

|  |
| --- |
| Quality Management Requirements |
| Process/Products explained |  | Introduction to Supervisor |  |
| Organisation Structure |  | Quality Manual  |  |
| Health and Safety Requirements |
| Accident/Incident reporting |  | Health & Safety Committee |  |
| First Aid Cabinet |  | Emergency Procedures |  |
| Hazard identification process |  | Evacuation Assembly Area |  |
| Work injury claim and rehabilitation process |  | Employer and employee responsibility |  |
| Job Dangers and Hazards |  | Health & Safety Manual |  |
| General Rules |
| Introduction to staff |  | Lunchroom/Lunch procedure |  |
| Locker/Washroom/Toilet |  | Tour of department |  |
| Rate of Pay |  | Pay Arrangements |  |
| Hours of Work |  | Overtime |  |
| Timekeeping |  | Sickness |  |
| Late for Work |  | Grievance Procedure |  |
| Employment Contract |  | Absence from work |  |
| Allowances |  | Holiday Entitlement |  |
| Organisational Rules |  | Audio/Visual Alarms |  |
| Introduction to Wages Clerk |  | Introduction to Management |  |
| Introduction to Union Delegate |  | Introduction to clerical staff |  |
| Training Plan |
| Training NeedsTraining Objectives for the period ending / / |
| Personal Protective Equipment |
| Overalls |  | Eye Protection |  |
| Safety Footwear |  | Gloves |  |

**I have read and understood the above regulations and procedures and all items on this form have been explained or shown to me.**

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

For the Company \_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_