

CDNI Care Pty Ltd

Staff Induction Checklist

Worker name:

Supervisor name:

Area of induction	Details discussed with the staff member	Date completed
Organisation	<input type="checkbox"/> Business Plan <input type="checkbox"/> Governance and Operational Management <input type="checkbox"/> NDIS Code of Conduct	____ / ____ / ____
Human resources and payroll	<input type="checkbox"/> HR employment forms/Worker Declarations completed <input type="checkbox"/> Position description <input type="checkbox"/> Timesheets / leave <input type="checkbox"/> 100 points of ID <input type="checkbox"/> Criminal history screening <input type="checkbox"/> Working with children check	____ / ____ / ____
I.T, equipment and resources	<input type="checkbox"/> Mobile phone <input type="checkbox"/> Credit card (if applicable) <input type="checkbox"/> Keys (if applicable) <input type="checkbox"/> Vehicle (if applicable)	____ / ____ / ____
Learning and development	<input type="checkbox"/> Policies and Procedures <input type="checkbox"/> NDIS Code of Conduct <input type="checkbox"/> NDIS Worker Orientation Module <input type="checkbox"/> COVID-19 Infection Control Training	____ / ____ / ____
Emergency procedures (if applicable)	<input type="checkbox"/> Reporting an emergency / raising an alarm <input type="checkbox"/> Evacuation procedure <input type="checkbox"/> Location of emergency evacuation plan <input type="checkbox"/> Location of emergency exits / routes <input type="checkbox"/> Location of assembly area <input type="checkbox"/> Location of fire extinguishers / hoses / blankets <input type="checkbox"/> Awareness of types and how to use of fire extinguishers / hoses / blanks	____ / ____ / ____

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<p>Meet key staff</p>	<input type="checkbox"/> Management <input type="checkbox"/> First aid officer <input type="checkbox"/> Emergency evacuation wardens <input type="checkbox"/> WHS representatives <input type="checkbox"/> WHS officer <input type="checkbox"/> Return to work coordinator	<p>___ / ___ / ___</p>
<p>WHS management processes</p>	<input type="checkbox"/> Workplace Health and Safety Policy <input type="checkbox"/> Incident Report Form <input type="checkbox"/> WHS Walk-Around Risk Assessment	<p>___ / ___ / ___</p>
<p>Chemicals in the workplace</p>	<input type="checkbox"/> Location for storage of the chemicals <input type="checkbox"/> Location of safety data sheets <input type="checkbox"/> Precautions for use, including PPE <input type="checkbox"/> Discussed the requirement not to bring other chemicals into the workplace	<p>___ / ___ / ___</p>
<p>Operation of vehicles & equipment</p>	<input type="checkbox"/> Motor vehicles policy and vehicle maintenance requirements <input type="checkbox"/> Photocopier and fax <input type="checkbox"/> Mobile phones, internal phone system <input type="checkbox"/> Computer systems and printers	<p>___ / ___ / ___</p>
<p>Client interface</p>	<input type="checkbox"/> Client safety assessment and planning	<p>___ / ___ / ___</p>
<p>Other workplace specific issues</p>	<input type="checkbox"/> Contract of employment signed and returned <input type="checkbox"/> Other: _____	<p>___ / ___ / ___</p>

I understand the information and responsibilities detailed in this Induction.

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Signature

Date:

Employee's signature

I have identified and addressed the applicable Induction criteria on this form.

Signature

Date:

Supervisor's signature