**Name: Job Title:**

**Department: Start date:**

To be completed on the first day. For items not covered, comments should be recorded, giving reasons and date for completion. The new starter and the person providing the induction should both sign the form. A copy should be sent to the [Health and Safety Coordinator](mailto:accident&incidentreporting@molevalley.gov.uk) for placement in the H&S training record file.

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| --- | --- | --- | --- |
| 1. Emergency and Fire Arrangements | Yes | No | Comments |
| * 1. Has the member of staff been informed of the evacuation procedure to follow in the event of a fire or emergency? This includes where the fire escape routes and fire exits are in the building\*   2. Have you explained where the fire assembly point is and the role of Fire Marshals? |  |  | \*Available on the [Health & Safety](https://molly.molevalley.gov.uk/myhr/health-and-wellbeing/health-safety/) page on Molly |
| 2. Welfare Facilities / Accidents, First Aid & Security | Yes | No | Comments |
| 2.1 Have you pointed out the location of the toilets, washing facilities, kitchen & rest areas, lockers, etc. (as appropriate)?  2.2 Have you explained the [accident/incident reporting procedure](https://molevalleydc-my.sharepoint.com/:w:/g/personal/ellie_miles_molevalley_gov_uk/EZLH_PHZBUFPjtCNp4BcgjcBlTTA072e9AmVT5QBNvYA7g?e=1S1eky) and how to [report an accident/incident](https://molevalleydc-my.sharepoint.com/:w:/g/personal/admin_molevalleydc_onmicrosoft_com/EQ5SwKNHvMFBumLqun4VIKIBnG2MqYE8JFxOLjP2kgoTWw?e=86cIGD)?\*  2.3 Have you told them who the local [first aiders](https://molly.molevalley.gov.uk/safety/first-aiders-and-defibrillator-information/) are (and how to contact them) and pointed out the location of the first aid room?  2.4 Have you explained the security arrangements for the  workplace & building, including the need to wear ID badges at all times? |  |  | Out of hours emergency first aid advice posters can be found in Reception, outside the Council Chamber and at the Depot |
| 1. Health and Safety Policy & Information | Yes | No | Comments |
| 3.1 Has the [Health and Safety Policy](https://molevalleydc-my.sharepoint.com/:w:/g/personal/admin_molevalleydc_onmicrosoft_com/EQmj-uSuTGJAq_VUdVzzWDUBSr7tjFIeaUQMhvjkxtPmkA?e=bWd8Bn) been explained and where to find it?\*  3.2 Has the [Health and Safety Information for Employees](https://molevalleydc-my.sharepoint.com/:w:/g/personal/admin_molevalleydc_onmicrosoft_com/EadTgPOOs7dFp3TXMftRnJkBbbJhGVga-Oj__PXI8rRGYg?e=dwlVOZ) been discussed and where to find it?\*  3.3 Have they been made aware of the following services and how to contact them if advice is needed (permanent employees only):   * [Employee Assistance Programme](https://molly.molevalley.gov.uk/myhr/health-and-wellbeing/employee-assistance-programme/) * [Occupational Health](https://molly.molevalley.gov.uk/myhr/health-and-wellbeing/occupational-health/) (referral via manager)   3.4 Have you explained about mental health first aid and identified who the [mental health first aiders](https://molly.molevalley.gov.uk/wp-admin/post.php?post=487&action=edit) are?  3.5 Have they been made aware of the [health and safety law poster](https://www.hse.gov.uk/pubns/lawleaflet.pdf)?  3.6 Have you explained the role of the [Staff Hub](https://molly.molevalley.gov.uk/staff-information/staff-hub/) and identified who the members are? |  |  |  |
| 4. Risk Assessments & Training | Yes | No | Comments |
| 4.1 Does the work of the new starter involve a significant amount of Display Screen Equipment (DSE) use?  4.2 Has the new starter been told they need to complete the ‘Introduction to health and safety’ e-learning training within one month?  4.4 Does the member of staff need access to the Clients of Concern register? |  |  | If ‘yes’ the new starter will be required to complete an online DSE assessment within 1 month of starting – set up by the H&S Coordinator  If ‘yes’ then please speak to the H&S Coordinator |
| Risk Assessments & Training (cont.) | Yes | No | Comments |
| 4.3 Have you discussed the following issues with the new starter, where these are appropriate to their work:  i. General workplace health & safety (housekeeping, safe storage, local rules etc.)?  ii. Risk assessments and safe systems of work specific to the work of the new starter? (NB this should include any covid-specific risk assessments as applicable)  iii. Procedures to reduce the risk of violence and aggression to staff, including lone working procedures?  iv. Electrical safety?  v. Using a vehicle on council business?  vi. Safe lifting techniques?  vii. Work with hazardous substances, and the location of COSHH assessments and Safety Data Sheets?  viii. Safe use & maintenance of machinery and equipment, including pointing out the safety features? |  |  |  |
| 5. Work Outside Normal Office Hours / Work Restrictions | Yes | No | Comments |
| 5.1 Have you explained the local policy/procedure for working outside normal working hours?  5.2 Where appropriate, have you explained which work activities they are not permitted to undertake, equipment they are not authorised to use, substances they must not handle and any restricted locations? |  |  |  |
| 6. Personal Protective Equipment- not required | Yes | No | Comments |
| 6.1 Have you informed them of any activities for which personal protective equipment or other safety equipment is required (and why it must be used)?  6.2 Has the necessary personal protective equipment (PPE) been issued and its proper use, storage and maintenance explained?  6.3 Have you explained the procedure for reporting defective or damaged PPE and obtaining replacements? |  |  |  |
| 7. Health and Safety Training | | | |
| Tick/list any health and safety training needs identified for the new starter:  Accident Investigation (for managers/line managers)  Manual Handling  Other (please specify)  Risk Assessment (for managers/line managers)  Lone Working  Health and Safety for Managers  Managing Conflict & Aggression | | | |
| 8. Declaration | | | |
| *I certify that the above health and safety induction subjects have been explained.*  Induction conducted by: Date:      Employee / trainee signature: Date: | | | |