# FORM-08. Employee Training and Induction Record

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| **Employee Details** | | | | | | | |
| **Employee** | **Name:** |  | | | **Job Role:** |  | |
| **Employment** | **Full-time  / Part-time** | | | | **Permanent  / Casual** | | |
| **General Induction**  **(Tick relevant items covered in induction)** | | | | | | | |
| * Trained in Safe Work Methods | | | | | | |  |
| * Evacuation/Assembly Points/First Aid/Fire Extinguishers/Emergency Contact Info | | | | | | |  |
| * Reporting - Hazard, Accident/Incident, Injury | | | | | | |  |
| * Health and Safety Meetings | | | | | | |  |
| * Other Details: | | | | | | |  |
| * Trained in Car Wash Safety Plan | | | | | | |  |
| * Trained in Car Wash Safety Handbook | | | | | | |  |
| * Trained in Procedures | | | | | | |  |
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| **Additional Requirements** | | | | | | | |
| * **I will notify my doctor of my work role when I am prescribed drugs. I will notify Management immediately of any medications I am taking that may affect my work performance** | | | | | | | |
| * **All employees who drive/operate company vehicles must notify Management immediately of any cancellations or restrictions placed on licences/qualifications** | | | | | | | |
| * **Employees are responsible for notifying Management of damaged or worn PPE that needs replacing or repair and for its correct storage and care** | | | | | | | |
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| **Licences and Qualifications Held** | | | | | | | |
| **Licence/Qualification** | | | **Copy Taken** | **Licence/Qualification** | | | **Copy Taken** |
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| **Safe Work Method Training** | | | | | |
| **Safe Work Method** | | **Training Completed (Employee Signature)** | **Safe Work Method** | | **Training Completed (Employee Signature)** |
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| **Verification** | | | | | |
| **Management** | | | **Employee** | | |
| **Name:** |  | | **Name:** |  | |
| **Position:** |  | | **Signature:** |  | |
| **Signature:** |  | | **Date:** |  | |
| **Date:** |  | |  |  | |

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| **Procedure Training** | | | | | | |
| **Procedure** | | | **Training Completed (Employee Signature)** | **Procedure** | | **Training Completed (Employee Signature)** |
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| **Verification** | | | | | | |
| **Management** | | | | **Employee** | | |
| **Name:** | |  | | **Name:** |  | |
| **Position:** | |  | | **Signature:** |  | |
| **Signature:** | |  | | **Date:** |  | |
| **Date:** | |  | |  |  | |