# 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**
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| * **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:** |  |  |  |