

WORKING BEE GENERAL WHS INDUCTION CHECKLIST

Name: _____

Signed: _____

 Please check off when told

 Please circle each item as it is shared with you

<input type="checkbox"/>	Welcome/housekeeping/sign in
<input type="checkbox"/>	Set up your own camp
<input type="checkbox"/>	Safety procedures * First Aid * Fire Emerg * High Vis * Radios
<input type="checkbox"/>	Amenities * toilets /shower * kitchen * communal fridges * wash up * site phone * mobile recharge
<input type="checkbox"/>	House keeping and Works list expectations * task whiteboard * morning sharing * gloves * sunscreen * bugspray * water bottle
<input type="checkbox"/>	Conflict resolution options * Can you offer another options? Y N
<input type="checkbox"/>	Volunteer agreement, timesheets and member forms
<input type="checkbox"/>	Signing out from site * Do you need to sign off with your works facilitator?
<input type="checkbox"/>	* Hand in all keys and radios
<input type="checkbox"/>	* Name rubbed off the board
<input type="checkbox"/>	THANKYOU * Please say goodbye to atleast one other preferrably a facilitator

FACILITATOR NAME AND SIGNATURE:

DATE: