

# EMPLOYEE INDUCTION FORM

Employee Name: \_\_\_\_\_

Employee Ref No: \_\_\_\_\_

Contract: \_\_\_\_\_

Date Employment Commenced: \_\_\_\_\_

Personnel	Date of Training	Signature of Employee	Signature of Trainer
Your Line Manager is: _____ and can be contacted by: _____			
Pay dates / break times / holidays / smoking			
Absence reporting procedures			
Site specific emergency evacuation procedures / issue site rules			
Reporting of Accidents / Incidents / Near Misses			
Issue of Employee Handbook			

Medical Questionnaire	Yes/No	Comment
1 Have you ever suffered from any chest complaint, dermatitis (or similar skin infection) or any other serious illness including fainting / blackouts / diabetes?		
2 Have you ever suffered from back complaint, hernia, upper limb disorder, repetitive strain syndrome, hand/arm vibration syndrome?		
3 How many days have you been absent from your employment in the past 2 years?		
4 Do you suffer from alcoholism or drugs dependency? (other than in the form of medically prescribed treatments)		
I declare that the above answers are, to the best of my knowledge, true and correct in every respect.		
Signed _____	Dated _____	

Quality	Date of Training	Signature of Employee	Signature of Trainer
Cleaning specification for _____			
Maintaining standards			
What to do / not to do should equipment break down			
Cleaning agents and small equipment to be used			

Health & Safety	Date of Training	Signature of Employee	Signature of Trainer
Health & Safety / Information Poster discussed			
Location of COSHH datasheets			
Caution Signs / Health & Safety Signage			
Manual Handling and issue of Manual Handling booklet			
Have the Competency Certificates been completed for:- <i>(If so please attach)</i>			
<input type="radio"/> Scrubber/Dryer <input type="radio"/> Burnisher			
<input type="radio"/> Other _____			

**Further Training needs identified:** \_\_\_\_\_