



Document Name	Contractor Induction Checklist
Document No	MBG.086.1.7
Release Date	1 Feburary 2018

VISITOR INDUCTION

Name: _____
 Company: _____
 Date: _____
 Site: _____

- | | Y | N | NA |
|---|--------------------------|--------------------------|--------------------------|
| 1. Location of emergency assembly area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Location of telephone and emergency numbers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Location of first aid kits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Names of First aid officers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Location of amenities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Explained required PPE for site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Warned to stay clear of machinery when operating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is vehicle fitted with flashing lights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does vehicle have UHF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are you qualified to do the job you are on site for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

Visitor Signature: _____
 Inducted By: _____