

Form

Workplace Participant Name Start Date

Induction provided by: Name Certification/Training

Induction Completion Checklist:

Following your induction, please complete this induction checklist form by ticking the boxes to **acknowledge and confirm your understanding and acceptance** of the Health and Safety information that has been provided to you.

	Comment/Feedback
Why Health and Safety is Important	<input type="checkbox"/>
How Health and Safety is Managed at MMO	<input type="checkbox"/>
MST Health and Safety Policy and MMO Manual	<input type="checkbox"/>
Your H&S Responsibilities	<input type="checkbox"/>
Workplace Amenities and Facilities	<input type="checkbox"/>
Hazard Risk Register and Hazard ID Procedures	<input type="checkbox"/>
Vehicles and Moving Plant	<input type="checkbox"/>
Controls of Hazards and PPE	<input type="checkbox"/>
Reporting Requirements and Communication Channels	<input type="checkbox"/>
Emergency Procedures	<input type="checkbox"/>
First Aid kits and Fire Extinguishers	<input type="checkbox"/>
Evacuation Assembly Areas	<input type="checkbox"/>
Forms for Reporting Hazards and Events	<input type="checkbox"/>
Drug and Alcohol Policy (Refer MST H&S Policy s.10)	<input type="checkbox"/>

Acknowledgment of your Health and Safety Obligations

Form

Please complete the acknowledgement on the following page.

I, _____ hereby acknowledge that:
Workplace Participant Name

1. I have read or had explained the rules and requirements during the induction and agree to work according to all criteria contained in it.
2. I understand my obligations to myself, and my fellow work unplace participants under the Health and Safety at Work Act 2015, and confirm my intention to comply at all times while working at MST.
3. I recognise that MST (while carrying the "primary duty of care") – can be responsible for only advising the nature of, and methods of controlling, hazards specific to the business or work site and that as a workplace participant I shall apply best industry practice to ensure the safety of all involved at all times.
4. I have been advised of the emergency procedures, location of emergency equipment, location and use of safety equipment, basic safety rules, hazards and hazard controls, go and no-go areas and access and authorisation requirements relevant to the service being performed.
5. I will adhere to the health and safety management policy in place, which ensures compliance with the Health and Safety at Work Act 2015.
6. MST has the right to monitor my activities and carry out a safety audit from time to time during the progress of my employment and participation within the workplace.
7. MST has the right to suspend work where the they are not satisfied that all practicable steps are being taken to ensure that health and safety of myself and others during my employment.
8. I will advise MST immediately of any accidents, or incidents inclusive of any "Notifiable Injuries, Illnesses, Events or Incidents", and meet the requirements of the Health and Safety at Work Act 2015 in reporting serious harm accidents to the regulator (Worksafe NZ)
9. I will engage in regular communication with MST regarding risk levels and hazards identified during my engagement and will take all practical steps to avoid harm being caused to any person by monitoring how work is conducted on-site.

I have informed MST management of any information that may be important in the management of my health and safety while working on the premises, including any serious medical conditions or allergies.

Signed by:

Full Name

Signature

Date

Workplace Participant

For MST
