

SITE INDUCTION CHECKLIST

Project				Date	
Site			Area		
Name			Contact Number		
Position			Signature		
Supervisor/Mgr			Signature		
1. Licences and Accreditations		Number		Issue Date	
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
[REDACTED]					
Sighted/ Received	Y/N	Copy retained	Y/ N		
1. I agree that information and instruction has been received in relation to the following health and safety issues:					
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	
Comments					
2. I agree to follow the requirements set out in the Site Safety Management Plan generally and specifically in relation to:					
[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]	