



WHS - Assignment Induction - Checklist

Temporary Workers must:

- Complete form with Site Manager/Supervisor on first day of every temporary assignment
- Return completed form by email talent@aurres.com.au
- Contact Aurora Resourcing and Talent prior to any changes to Temporary Job/Position

Company Name: _____

Temporary Worker's Name: _____

Position/Job Title: _____

Start Date: _____

WORK HEALTH & SAFETY (WHS) ASSIGNMENT INDUCTION

Please indicate the following with ✓

Have you been provided with / advised of:	Yes	No	Have you been provided with / advised of:	Yes	No
Work times + meal breaks	☐	☐	Change room + facilities/toilets	☐	☐
Job description + responsibilities	☐	☐	Phone calls/mobile phone rules	☐	☐
Structure of Co + overtime arrangements	☐	☐	Out of hours enquiries/emergencies	☐	☐
Health Safety Representative/s	☐	☐	Supervisors & co-workers	☐	☐
Personal security (Storing belongings etc)	☐	☐	Quality Management procedures	☐	☐
Environmental management procedures	☐	☐	Harassment/ bullying policies	☐	☐
Roles & responsibilities to manage safety	☐	☐	WHS policy / procedures	☐	☐
Alcohol / drugs policies	☐	☐	Incident reporting procedure	☐	☐
Emergency/evacuation procedures	☐	☐	Information on hazards within the workplace.	☐	☐
First Aid - location, procedures.	☐	☐	Hazard reporting procedure	☐	☐
On-the-job training & assessment to confirm your safe work procedure knowledge	☐	☐	Specific job-related hazards & methods of control (incl. SWMS)	☐	☐
Use of Personal Protective Equipment (PPE)	☐	☐	Items specific to site/role not on this checklist	☐	☐

SIGN-OFF & FOLLOW-UP

To be Completed by Manager / Supervisor	To be Completed by Temporary Worker	To be Completed by Aurora Resourcing and Talent
I have inducted the Worker Yes ☐	I have received an induction Yes ☐	Worker has been inducted Yes ☐
Conducted by (Print Name):	Temporary Employee (Print Name):	Representative (Print Name):
Signature:	Signature:	Signature:
Position/Job Title:	Position/Job Title:	Position/Job Title:
Date:	Date:	Date:
Further Action Required: Yes ☐ No ☐	Further Action Required: Yes ☐ No ☐	Further Action Required: Yes ☐ No ☐

Please report any incidents / injuries to Temporary Workers to Aurora Resourcing and Talent on 0458 690 946