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| **Workplace:** | **MOUNT MACEDON PRIMARY SCHOOL** | | | |
| **Name:** |  | | | |
| **Title:** | **VOLUNTEER** | | | |
| **Date:** |  | | | |
| **General Induction (***The workplace is to ensure that the above named employee has been provided with following information and/or instructions)* | | | | **Provided** |
| Department Health, Safety and Wellbeing (HSW) Policy | | | | **□ Yes** |
| OHS Issue Resolution Flowchart | | | | **□ Yes** |
| The names of the Health and Safety Representative and Management OHS Nominee (if applicable) | | | | **□ Yes** |
| Hazard, incident and near miss reporting procedures (eduSafe Plus) | | | | **□ Yes** |
| Information on employee support services (e.g. Employee Assistance Program and Conflict Resolution Support Service). | | | | **□ Yes** |
| Location of amenities | | | | **□ Yes** |
| First Aid Procedures | | | | **□ Yes** |
| Introduction to First Aid Officer(s) and location of First Aid Rooms/Kits | | | | **□ Yes** |
| Emergency Procedures | | | | **□ Yes** |
| Introduction to Return to Work Co-ordinator | | | | **□ Yes** |
| Traffic Management Plan | | | | **□ Yes** |
| Chemical Register and associated Material Safety Data Sheets | | | | **□ Yes** |
| Introduction to Asbestos Co-ordinator | | | | **□ Yes** |
| Current Asbestos Management Plan and Asbestos Register | | | | **□ Yes** |
| **OHS Training Requirements** (tick when completed) | | | | **Completed** |
| Identification and allocation of time to complete health and safety training: Assigned OHS for New Employees eLearning Module –*completed within the first week of employment, see DET* [LearnED](https://edupay.eduweb.vic.gov.au/psp/hoadmin/?cmd=login&languageCd=ENG&) *(hosted on eduPay).* | | | **□ Yes** | | |
| **Job Specific Induction** (tick when completed) | | | | **Completed** |
| Task specific Safe Work Procedures have been provided and explained (e.g. use of plant and equipment) | | | | **□ Yes** |
| **Signatures** | | | | |
| **Volunteer –** *I have completed all identified training and understood the OHS induction applicable to my appointment.* | | Signature:  Date: | | |
| **Workplace Manager** and/or **Management OHS Nominee -** I *certify the above-mentioned employee has completed an OHS induction and relevant training.* | | Signature:  Date:  Name:  Position: | | |