



HEALTH AND SAFETY INDUCTION CHECKLIST - To be completed by Project supervisor prior to commencing volunteer work (supervisor may be a delegated volunteer).

The checklist below is for use by supervisors to ensure volunteers are aware of potential hazards and understand department policies and guidelines. This must be completed prior to volunteers undertaking work for the department.

Use the induction information and volunteer handbook to assist you in completing this checklist.

The volunteer health and safety induction information is available at:

<https://www.dpaw.wa.gov.au/get-involved>

Have the volunteers been shown the following local information?	Yes	No	NA
Location of sign-in/out book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits, assembly areas and safety zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of first aid kit/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parks and Wildlife contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the volunteers received the following induction information?			
Roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace health and safety policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting hazards, near-misses and incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Site Sign-In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, licences and certification requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors, sun safety and hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working alone procedures, including check-in times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle pre-start check and set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program-Specific Checks			
Have copies of applicable training, licenses and certifications been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a Job Safety Analysis required? If yes, has it been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information			

By signing, I confirm that the volunteers listed above have received the Department's volunteer health and safety induction information and have been made aware of potential hazards in the workplace and how to control them effectively. I understand that I am responsible for ensuring completion of the induction is recorded. Project supervisor may be a delegated volunteer.

Project Supervisor (Print Name):

Signature of Project Supervisor: _____

Date:

