

Induction Date:

3/37 Kennigo Street, Spring Hill Qld 4000 PO Box 344, Fortitude Valley Qld 4006 Ph: 07 3252 7154 Fax: 3252 7175 info@qwalc.org.au

Name of Inductor:		
Name of Inductee:		
Initial Orientation		Tick
Volunteer agreement form signed		
Police check and working with children check (if req	uired) complete	
Legal and Safety requirements		
Introduction to other staff and volunteers		
Location of sign-in book and procedure		
Volunteer insurance explained		
Tour of premises		
Volunteer facilities/amenities		
Emergency procedures		
Location of fire equipment		
Evacuation assembly point		
Indentify emergency warden		
Location of First Aid kits		
Identity of First Aid officer		
Procedure of reporting safety issues		
Procedure of reporting injuries		
Volunteer: I have participated in the induction procedure a	and understand all the issues di	scussed.
Signed:	Dated:	
Inductor:		
I have inducted the above volunteer.		
Signed:	Dated:	

