

# Checklist: Volunteer HSW Induction

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|---|---|
| <b>School/ Workplace:</b>   |   |
| <b>Name:</b>  |   |
| <b>Activity:</b>  |   |
| <b>General HSW Induction</b>  |   |
| First Aid Procedures  | <input type="checkbox"/> Yes                              |
| Location of First Aid Rooms/Kit, Names of First Aid Officer(s)  | <input type="checkbox"/> Yes                              |
| Hazard Reporting, Incident and near miss reporting procedures   | <input type="checkbox"/> Yes                              |
| Risk Management – Follow any Risk assessments, Safe work practices, Safe operating procedures, Safe work instructions applicable to your volunteering work and Fact Sheets  | <input type="checkbox"/> Yes                              |
| Traffic Management Plan   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Emergency and Lockdown Procedures   | <input type="checkbox"/> Yes                              |
| Review of 'Volunteers First Response Evacuation Instructions' and successful completion of the assessment 'Volunteer First Response Evacuation Instructions Training' (completed within 1 month of commencing work and every 2 years thereafter)<br>Refer to Emergency Management Procedure | <input type="checkbox"/> Yes<br>Date:                     |
| Provided with general evacuation instruction (completed within 2 days of commencing work and annually thereafter)<br>Refer to Emergency Management Procedure  | <input type="checkbox"/> Yes<br>Date:                     |
| General Information – Staff Amenities   | <input type="checkbox"/> Yes                              |
| Volunteer Statement of Responsibility   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| <b>HSW Training Requirements</b> (tick when completed)  |   |
| Complete BCE Volunteer Code of Conduct  | <input type="checkbox"/> Yes                              |
| <b>Job Specific Induction</b> (tick when completed)   |   |
| Task specific Safe Work Procedures have been provided and explained (e.g. use of plant and equipment) e.g Grounds, ITD, Science, Home Ec, Visual Arts, Tuckshop<br>Document what procedures have been reviewed:   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |
| Task specific requirements for safety risk management have been provided and explained (e.g. Risk Assess for science experiments)<br>Document what task specific requirements have been reviewed:   | <input type="checkbox"/> Yes <input type="checkbox"/> N/A |

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| <b>Signatures</b>  |   |
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| <b>Volunteer</b> – I have completed all identified training and understood the HSW induction applicable to my appointment. | Signature:<br>Date:                       |
| <b>Principal/Manager or delegate</b> – The volunteer has completed a HSW Induction and relevant HSW training               | Signature:<br>Date:<br>Name:<br>Position: |