

HOST EMPLOYER INDUCTION CHECKLIST

Who uses this form?

The Host employer

Purpose?

To ensure that the new worker is thoroughly inducted to the host employer's workplace

What should happen?

The host employer keeps the original. Give a copy to the agency nurse, to be kept in a file with the host employer's name on it.

Workers Name:

Position:

Host Employer:

Commencement Date:

Agency:

GENERAL INDUCTION

Introduction		Health and Safety	
	Work times and meal breaks		Occupational Health and safety policies
	Out of hours enquiries and emergencies		Emergency/evacuation procedure
	Change room and facilities/toilets		Emergency Trolley
	Phone calls/mobile phone rules		Roles and responsibilities for safety
	Patient Call bell system		Information on hazards and controls in the workplace
	Phone System & operation		Hazard and incident reporting procedures, location of forms
Meet key people		Job Specific	
	NUM		Advice on specific related job-related hazards and methods of control
	Supervisor		Supervise and test understanding (Medication assessment)
	Nurse Educator		
	Co-workers		
Workplace related information		Review	
	Quality Management procedures		Review worker practices for performing work
	Sexual Harassment/bullying policies		Ask questions of worker to ensure recollection of information
	Car Parking		Clinical Appraisals
	Personal Security (storing belongings)		
	MIM's & IV administration book (Location)		
Other			

Conducted By:

Signature:

Worker:

Signature:

Date:

**SAFETY MANAGEMENT
SYSTEMS: AUSTRALIAN
NURSING NETWORK 07**

Doc ID	Title	Owner	Date Approved	Print Date
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