

## <Model> Contractor's Induction Checklist

*This document should be adapted for local use and saved within Health & Safety Records*

<b>Name of Contractor:</b>		<b>Date:</b>	
<b>Name of Company/Organisation:</b>		<b>Location of Work:</b>	

<b>Anticipated duration of work (general):</b>			
Initial to confirm review:	<b>Engaging Manager</b>	<b>Contractor</b>	
<b>Available Facilities:</b> PLEASE NOTE THIS HOSPITAL HAS A NO SMOKING POLICY WHICH APPLIES TO THE GROUNDS AND BUILDINGS ON THESE PREMISES <input type="checkbox"/> Toilets <input type="checkbox"/> Canteen <input type="checkbox"/> Car Parking (if applicable designated parking area allocated) <input type="checkbox"/> Provided storage area on site during work (if applicable)			
<b>Fire Alarms and Evacuation Procedure noise of sounder/intermittent and continuous alarms</b> <input type="checkbox"/> Time of test if due _____			
Identification of areas of exclusion or those areas controlled by permit to work <input type="checkbox"/> Hours of work <input type="checkbox"/> Out of hours working – between _____			
Wet Floor Signs			
Confidentiality Awareness and requirements			
Reporting to Person in Charge			
<b>Infection Control</b> <input type="checkbox"/> Washing of hands and use of alcohol gel - naked below elbow <input type="checkbox"/> Waste arrangements – clinical, hazardous, domestic waste (clear bags), sharps bins <input type="checkbox"/> Infections diseases			
Any Personal Protective Equipment (PPE) to be worn. List here:			
Waste Management Arrangements:			
Accident/Incident reporting procedures:			
Use of mobile phones arrangements:			
Accessing locked rooms: Keys at Reception			
Access required to Controlled Area(s). List here: Controlled Access book to be completed and key(s) issued			
Contractors Risk Assessment and Method Statement presented to Appointed Representative/ Manager			
<b>Any work other than specified on the Work Plan and any Method Statement must not be carried out without authorisation from the employing manager.</b>			