

EGAN WASTE SERVICES INDUCTION CHECKLIST

Employee Name	
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PRE-EMPLOYMENT					* T/F – To Follow
1	Application Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
2	Health Questionnaire	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
3	Right to Work Checklist & Documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
4	WTD Opt Out (Not applicable to LGV Drivers)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
5	Drugs & Alcohol Policy	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	

EMPLOYMENT COMMENCEMENT					* T/F – To Follow
1	Safety, Health, Environmental & Quality Policies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
2	General Induction HMRS-GEN-PRE-001	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
3	Bio-Hazards SHEQ-STD-PRO-001	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
4	PPE (Personal Protective Equipment) SHEQ-STD-PRO-002	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
5	First Aid SHEQ-STD-PRO-003	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
6	Asbestos SHEQ-STD-PRO-004	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
7	Pedestrians & Traffic SHEQ-STD-PRO-005	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
8	Manual Handling SHEQ-STD-PRO-006	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
9	Fire Action SHEQ-STD-PRO-007	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
10	CoSHH SHEQ-STD-PRO-008	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
11	Waste Transfer Operations SHEQ-STD-PRO-009	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
12	Environmental Awareness SHEQ-STD-PRO-010	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
13	Emergency Plan, Incident Procedure & First Aid Arrangements	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
14	Inoculation Awareness	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
15	Use of Mobile Phones on Site	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
16	Site Tour (fire exits, equipment, assembly point / welfare facilities)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
17	Site Contact Details & Absence Reporting / Recording	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
18	Bank Details, Payment Method, P45 / P46, NI Number	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
19	Hours of Work, Time Recording, Holidays, Break Times, Probation	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	
20	Company Policies - SHEQ – HR – Risk Assessment (location/access)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>	

DRIVER REQUIREMENTS		Tick if Not Applicable <input type="checkbox"/>	* T/F – To Follow		
1	Driver Induction inc. Safety Videos HMRS-GEN-PRE-002		YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>
1	Driver Handbook		YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>
2	Check and Photocopy of Licence (inc. online check)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>
3	Check and Photocopy of Driver Card and DCPC Card LGV ONLY		YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>
4	Operator Licence Requirements (inc.tachos & defects) LGV ONLY		YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>
5	Eyesight Check (20 Metre Visual Check) LGV ONLY		YES <input type="checkbox"/>	NO <input type="checkbox"/>	T/F <input type="checkbox"/>

FURTHER INDUCTION REQUIREMENTS					* T/F – To Follow	*INT. - Initials
		YES <input type="checkbox"/>	T/F <input type="checkbox"/>	INT.		
		YES <input type="checkbox"/>	T/F <input type="checkbox"/>	INT.		
		YES <input type="checkbox"/>	T/F <input type="checkbox"/>	INT.		

Completed by:			
I have received the above induction and fully understand my obligations to Egan Waste Services Limited as outlined in the policies & procedures. All the above points have been communicated to me satisfactorily.			
Print Name	Signature	Date	

Assessed by:			
Print Name	Signature	Date	

