

**PF013.1 Induction Pack**

**New Entrant Name:** ..... **Inducted by:** .....

**Location:** ..... **Date:** .....

It will be noted that there is no skills training (abrasive wheels, welding, etc.) for Operatives or development training for Managers and Supervisors entrants (Risk Assessment, CDM Regulations, etc.) included within this basic induction program. These items will be included within the Managing Director’s training requirements and programmed throughout the year.

I ....

Yes	No
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Have read and understand the main points of the Health & Safety at Work Act 1974.		
Have read the Safety, Environmental and Quality Policies Statements and have seen the Company’s Safety Organisation.		
Have read and understood the Safety Responsibility Statement and Job Description for my position that details my Health & Safety duties as an Employee towards the Company, Fellow Employees, Visitors and Myself.		
Have read and signed the Drugs & Alcohol Policy and understand the importance of informing the Administrator of any prescribed medication I may be taking.		
Have read and understand what to do if there is an Accident or Incident; where to find the names and locations of trained First Aiders, plus the requirement to report all accidents to my Manager/Supervisor.		
Understand the significance of all information and mandatory warning signs.		
Have read and now understood my responsibility to report all Near Misses, defective plant & equipment, unsafe practices or methods of work which have the potential to cause injury.		
Have read and signed the Bribery and Malpractice Policy and understand the importance of informing my Manager of hospitality or gifts accepted or offered, which will be subject to managerial review.		
Have read and understand the significance of complying with the Hours of Work Policy at all times		

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Have read and understand that should I want to use a substance that has not been issued on site I must inform my Manager/Supervisor to enable a COSHH Assessment to be carried out prior to its use.		
Have read the rules applicable to the use of all plant & equipment including scaffolding, ladders, etc and understand the company “Safe Work Permits” procedures		
Have read and understand what action to take if Asbestos is discovered or disturbed.		
Have read and understand the Work Safe Procedure, the Confidential Reporting Process & the CIRAS Process (CIRAS for PTS Certificated Employees only).		
Have read and understand that the correct Manual Handling Techniques should be used when lifting.		
Have read and understand that the correct PPE must be worn at all times whilst working,		
<b>I have....</b>	<b>Yes</b>	<b>No</b>
Been informed that I will receive a Site Specific Briefing when I first arrive at each Site and that I should receive a Site Induction at every site I work on and it should include as a minimum:		
The Site’s Hazard Identification process, risk assessments, and safety instructions applicable to my job.		
Have read and understand the need for good housekeeping and my own housekeeping responsibilities.		
The access and exit routes applicable to the site and also those locations on the site, which access is prohibited or restricted. The reasons for the prohibition or restriction have been explained to me.		
The emergency arrangements the evacuation routes & emergency exits from my place of work, location of fire points, equipment and assembly points and have been introduced to the Fire Warden responsible for my place of work.		
The Local Site Rules		
The Location of all Welfare Facilities (Canteen, Toilets, Washrooms, etc)		

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I have read and understand the Network Rail Life Saving Rules		

The above training in conjunction with the relevant Operational Induction is the minimum to ensure compliance with legislation, Clients and GBR Solutions Ltd Safety Management System requirements.

**If in doubt – Ask your Manager or Supervisor!**

A copy of this Checklist will be handed to the Inductee on completion of the Induction Training and a further copy held on the Inductee's Training File.

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### **Job Description**

INSERT APPROPRIATE JOB DESCRIPTION FOR THE ROLE FROM THE ORGANISATION FOLDER.

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### Initial Health Surveillance Form

To be completed by all operatives with completed forms to be held securely in personnel files. Employees may freely access and comment on their records in compliance with the Access to Health Records Act 1990.

#### 1.0 Personal Details

<b>Surname:</b>		<b>Forename(s):</b>	
<b>Sex:</b>		<b>Date of Birth:</b>	
<b>NI Number:</b>		<b>Today's Date:</b>	
<b>Email Address:</b>			

<b>P e r m a n e n t Address:</b>	
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#### Next of Kin Details

<b>Name:</b>	
<b>Address:</b>	
<b>Contact No:</b>	
<b>Relationship to you:</b>	

#### 2.0 General Health

	Yes	No
Do you have Diabetes needing Insulin?		
Do you suffer from Epilepsy or Fits?		
Have you ever had Blackouts, recurrent dizziness or any condition, which may cause sudden collapse or incapacity?		
Do you get discomfort or pain in the chest or shortness of breath on exercise e.g. climbing a single flight of stairs?		
Do you suffer from any known heart conditions?		
Do you suffer from any respiratory conditions or breathing difficulties? (Including Asthma)		
Do you have difficulty with your eyesight? (Simple problems needing glasses or contact lenses need not be included)		
Do you have any severe allergies? (Mild hay fever etc. need not be included)		
Do you have difficulty hearing normal conversations?		
Are you taking any medication that is giving you dizziness or drowsiness?		
Have used drugs of abuse within the last 12 months?		



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If you answered yes to any of the above please provide more details below (use continuation sheet if necessary):

Note: The information provided is for health monitoring purposes only; GBR Solutions Ltd will not unfairly discriminate against employees or sub-contractors due to medical issues.

### 4.0 Employee Declaration

*I declare that the information provided in this form is true to the best of my knowledge. I also declare that I will inform GBR Solutions Ltd of any future changes to my health that I feel may be as a result of work activities and/or could affect the safety of myself and others on site:*

Print:

Sign:

Date:

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### 5.0 To be completed by Issuing Manager

Actions to be taken following review of information provided (please tick):

- No major health concerns were noted. File in personnel file and follow up with the completion of a PF038.2 Periodic Health Surveillance Form annually.
  
- Possible health concerns were noted. Refer to Managing Director to discuss the possible necessity of specialist medical examination and ongoing surveillance.

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Print:

Sign:

Date:

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## PF013.1 Induction Pack

### PPE Register

The initial issue of Personal Protective Equipment (PPE) will be issued to the member of staff on induction free of charge.

However, a pro rata charge may be made for its replacement if it can be irrefutably proven that an employee was using the equipment for purposes other than those intended at work (for example for use at home).

Further issue as in the case of loss or damage will be arranged through the member of staff's immediate Manager or Supervisor.

Personal Protective Equipment	Issued: Yes, No, N/A	Standard
Safety Boots	Yes	BS EN ISO 20345: 2004
Orange High Visibility Vest & Over trousers	Yes	BS EN ISO 20471: 2013
Orange High Visibility Jacket	Yes	BS EN ISO 20471: 2013
Hardhat and chinstrap	Yes	BS EN 397:1995
Goggles	Yes	BS EN166: 2001
Ear Defenders	Yes	BS EN 352-1:2002
Gloves	Yes	BS EN ISO 4543
Uniform	N/A	As specified
Other (Please Specify)	N/A	

All Employees must ensure that all PPE provided is properly maintained, cleaned and replaced when damaged. Should the equipment become damaged or lost you must contact your immediate Manager or Supervisor who will arrange for replacement equipment.

Included within this register of initial issue is the necessary training and instruction in its use.

When not in use it should be stored safely to prevent damage and in the case of Operatives it must be stored in your vehicle in a way that will prevent movement whilst your vehicle is mobile.

If any member of staff should feel that their issued Personal Protective Equipment is not affording complete protection you must inform your Manager/Supervisor immediately.

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**Employee's Declaration**

- Induction Training Check List: I fully understand the contents of the Induction Briefing Pack and that it is a requirement of my employment terms to fully comply with those instructions.
- Safety Responsibility Statement: I fully understand my roles and responsibilities detailed within the Safety Responsibility Statement including the succession arrangements.
- Job Description: I fully understand my role and those responsibilities detailed within my Job Description.
- Health Surveillance: I have completed and signed the Health Surveillance Form and the answers are to the best of my knowledge true.
- Health & Safety Policy: I have read and understand the Company's Health & Safety Policy.
- Environmental Policy: I have read and understand the Company's Environmental Policy.
- Quality Policy: I have read and understand the Company's Quality Policy.
- Work Safe Policy: I have read and understand the Company's Work Safe Policy.
- Alcohol & Drugs Policy: I have read and understand the Company's Policy Alcohol & Drugs.
- Bribery & Malpractice Policy: I have read and understand the company's policy on Bribery and Malpractice
- Hours of Work Policy: I have read and understand the Company's Policy on Hours of Work.
- PPE Register: I have signed for my initial issue of PPE and understand the process for replacement equipment.

**Employees Signature:** .....

**Witness by Manager/Supervisor:** .....

**Date:** ..... **Location:** .....

**Supporting Documents Checklist:**

**We require copies of the following documents to support this form:**

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- **Passport / Driving Licence**
- **Home Address**
- **National Insurance Number**
- **Sentinel Card**