Rail Induction Pack – Personnel Documents

Induction Checklist			
This checklist is to be completed prior to the employee starting any Rail work and kept on their personnel files			
Name		Position	
Date		Date of Birth	
NI Number		Email Address	
Sentinel Number		Phone Number	
Permanent Address			

Next of Kin Details	
Name	
Address	
Contact No	
Relationship to you	

1.0	**Rail Recruitment Checks**	**Yes**	**No**
1.1	Sentinel Pre-Sponsorship Check Undertaken		
	A&D Test Needed?		
	Any Transgressions Noted (i.e. Banned for A&D / Disciplinary reasons)		
1.2	Copy of Sentinel Card Taken (or checked on pre-sponsorship check)		
1.3	Copy of Alcohol and Drugs Screen Taken (or validated Pre-Sponsorship Check in place)		
	Copy of Medical Certificate Taken		
1.4	Medical Deficiencies? ▲		
	Colour Blindness? ●		
	Glasses Wearer?		
	Contact Lens Wearer?		

2.0	**Induction**	**Yes**	**No**
2.1	Issue/explanation of Organisation chart, outline management system and explain Rail Operations within the Organisation		
2.2	Staff Safety Responsibility Statement		
2.3	Arrange issue of PPE, and record on PPE Checklist		
2.4	Issue PTS Handbook		
2.5	Ensure transfer of Sentinel Sponsorship		
2.6	Issue of Contract of Sponsorship		
3.0	**Briefing of Policies**	**Yes**	**No**
3.1	Health & Safety Policy		
3.2	Quality Policy		

3.3	Environmental Policy		
3.4	First Aid Policy		
3.5	Hours Worked Policy		
3.6	Refusal to Work Policy		
3.7	Alcohol and Drugs Policy		
3.8	Medical Fitness Policy		
3.9	Accident / Incident and Near Miss Reporting Policy		
3.10	Bribery and Corruption and Modern Slavery Policies		
3.11	Information Security and Data Protection Policy (GDPR)		
3.12	Breaches of Sentinel Scheme Rules		
3.13	Rail Generic Risk Assessments		
3.14	COSHH Assessments		

4.0	**Comments / Questions Raised by New Employee**

I confirm that	**Tick**
References have been checked and that they are satisfactory.	
Competency cards have been validated with the relevant official bodies (PTS/CPCS).	
Induction of the above-named employee has been fully completed.	
ID to be carried by the inductee has been confirmed (Sentinel card or photo ID).	

Rail Management Team					
I confirm that I have briefed the above policies and procedures to the named employee.					
Name		**Signed**		**Date**	

I confirm that I have received the company rail induction and confirm that I have been briefed on the above policies and procedures. I confirm that I understand and will comply with their contents.					
Name		**Signed**		**Date**	

Supporting Documents Checklist We require copies of the following documents to support this form:	**Yes**	**No**
- Passport / Driving Licence yes/no		

- Home Address yes/no		
- National Insurance Number yes/no		
- Sentinel Card yes/no		

Medical Self Certification Form

Alertness and reasonable physical fitness are essential for duties which may interact with moving trains. It is, therefore, important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago). **When you declare NO, you are accepting a degree of responsibility for your safety.**

Please study this list and sign the declaration at the bottom

		Yes	No
1	Do you have Diabetes needing Insulin?		
2	Do you suffer from Epilepsy or fits?		
3	Have you ever had blackouts, recurrent dizziness or any condition, which may cause sudden collapse or incapacity?		
4	Do you get discomfort or pain in the chest or shortness of breath on exercise, e.g. climbing a single flight of stairs?		
5	Do you have difficulty in moving rapidly over short distances, including on slopes, steps or rough ground?		
6	Would you have difficulty in looking over either shoulder?		
7	Would you have difficulty working in out-door open areas?		
8	Would you have difficulty working in enclosed spaces?		
9	Would you have difficulty working above head height (e.g. using ladders or maintenance platforms)?		
10	Do you have difficulty with your eyesight?		
11	If yes, do you wear spectacles/ contact lenses?		
12	Do you have difficulty in correctly identifying colours?		
13	Do you have any difficulty with your hearing?		
14	Are you taking any medication that is giving you dizziness or drowsiness?		
15	Have you used, or abused, drugs within the last 12 months?		
16	Have you had any alcohol-related illness during the last 12 months?		

If you answered yes to any of the above please provide details below along with any other health issues that you feel could affect your safety at work (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.*

During the course of previous employment or activities outside of work have you ever:		
Lifted, carried or handled heavy loads on a regular basis?		
Suffered from back, joint or muscle pain or soreness on a regular basis?		
Been in regular contact with oils, detergents or chemicals?		
Suffered regularly from dry, cracked and sore skin on your hands?		
Used vibrating equipment such as power tools for prolonged periods		
Suffered from poor circulation, numbness or tingling in your fingers?		
Had regular contact with asbestos?		
Had regular contact with lead?		
Been exposed to high noise levels for prolonged periods?		
Used computers for prolonged periods?		
Suffered from repetitive strain injury or carpal tunnel syndrome?		
Sustained a serious injury requiring hospital treatment?		

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.

I will inform GBR Solutions Ltd of any change to my health which may affect my ability to perform my duties.

Name		Signed		Date	

Action taken by GBR Solutions Ltd

Name		Signed		Date	

PPE Issue Form	
Name	

I have been issued with the following PPE:-					
Item	**Issued**		**Already held?**	**Date of Issue**	**Size**
H.V. Vest (*BS EN ISO 20471:2013)*					
Safety Footwear *(BS EN ISO 20345: 2004 with toe and midsole protection, and ankle support)*					
Safety Helmet *(EN397)*					
Ear Defenders *(EN352-1)*					
Eye Goggles *(EN166.1F)*					
H.V. Wet Weather Clothing *(EN471 – Class 3)*					
H.V. Wet Weather Bottoms *(EN471 – Class 1)*					
Gloves (Cut5)					
Safety Helmet Chin Strap					

I the undersigned have received the above PPE in good working order. I will ensure that I wear it when required and keep it clean and good working order.					
Name		Signature		Date	

Contract of Sponsorship

Method of Engagement with GBR Solutions Ltd			
Directly Employed		**Contractor**	*

This document constitutes a “contract of sponsorship” between you as an individual and GBR Solutions Ltd as a sponsor of staff within the railway infrastructure. This document has been mandated via Network Rail’s company standard “Sentinel Scheme Rules” to ensure there is an agreement in place regardless of the way you are engaged / paid by the company. It should be noted that this document is not linked to, or an addendum to any contract of employment or engagement that already exists between you and GBR Solutions Ltd.

Within the Sentinel Scheme Rules documentation Network Rail has detailed that every individual must have a primary sponsor, and can be permitted up to 2 secondary sponsors. This contract details the arrangements in place when you are engaged with GBR Solutions Ltd as either a Primary or Secondary sponsor. Your status in regards to sponsorship can change, so it is vital that you know at all times who your sponsors are.

When acting as a Primary Sponsor GBR Solutions Ltd will, regardless of your method of engagement / employment, to fulfilling the role of employer of the individual for the purposes of health and safety, and upon request – sub sponsorship will be permitted.

When acting as a Primary Sponsor, GBR Solutions Ltd reserves the right to withdraw the above permission for individual workers to be sub-sponsored, or to refuse certain companies from assuming the role of secondary sponsors at any time by giving reasonable notice.

To check on your current sponsor and the status / expiry dates of your competencies, you can utilise the Sentinel website (https://info.railsentinel.co.uk/) and login as a card holder. Mentoring support will provided where necessary to develop your individual competence where required.

Sponsorship is an essential part of working in the rail infrastructure; if you are not sponsored by a company then you are not permitted to undertake work for them. Within the sentinel scheme rules, all PTS and above staff must have a “Primary Sponsor”; this is a company that maintains ultimate responsibility for you in regards of health and safety legislation.

When acting as a Primary Sponsor, GBR Solutions Ltd will assume responsibility to supply you with all briefing material, to include Rule Book updates, competence specific briefings, changes to the Sentinel Scheme Rules and other rules and standards that apply to your role. These will be via the most appropriate method; personal issue, email / toolbox talk or briefing event. GBR Solutions Ltd will provide the necessary PPE / RPE and will be responsible for both the arrangement of training / assessment / mentoring and management of your Sentinel card. Furthermore, where any safety critical equipment is required to ensure you can undertake your duties on site, we as your primary sponsor will ensure that you have access to such items.

Up to 2 secondary sponsors will be permitted and must be communicated to your primary sponsor. The primary sponsor will need to update your record on the sentinel database to reflect who you wish to work for. It is in your interest to keep your primary sponsor informed of who you wish to have as secondary sponsors.

Secondary sponsors will need to formally approach your primary sponsor to request to be a secondary sponsor, and a contract will need to be in place between GBR Solutions Ltd and the secondary sponsor company PRIOR to addition as a secondary sponsor. You SHALL NOT conduct any work for a sub-sponsor until you have confirmation that this contract is in place.

It is also your responsibility to inform your primary sponsor of all work that you undertake for any other sponsors. This is to ensure that you do not breach the Network Rail working hours policy (please refer to the company working hours policy, as per your induction pack).

If you have any accidents / incidents / near misses / close calls you have a duty to report any instances to the sponsor you are working for and your primary sponsor. An investigation may be needed to be undertaken by both parties.

In line with the medical fitness policy provided in the induction pack, you have a duty to communicate any medication or medical fitness issues / change to your health to the Sentinel Coordinator.

If you wish to be De-sponsored at any time, please contact the rail administrator who will confirm de-sponsorship in writing, stating the reason for de-sponsorship in line with the sentinel scheme rules.
GBR Solutions Ltd will conduct an annual review of your continued suitability to work on the infrastructure taking into account behaviours and performance of safety critical duties and identify development requirements.

By signing below, you accept all statements above, and confirm that you will abide by the requirements herein. If you have any issues, or want further information, please contact the Rail Manager.

	Name of person to be sponsored	
	Signature	

	Sentinel (PTS) Card number	
	Authorised by GBR Solutions Ltd (Name)	
	Signature	
	Date of agreement *This contract supersedes and replaces all previous-dated versions.*	