**Specific Areas of Work Induction (e.g. Maintenance / D&T workshop / Laboratory)**

(Use this document to show the worker the following areas)

**WORKER’S NAME:**

|  |  |  |
| --- | --- | --- |
|  | Date completed | Worker’s initials |
| Risk assessments |  |  |
| SOP’s |  |  |
| Hazards |  |  |
| Plant/equipment |  |  |
| PPE |  |  |
| SDS’s |  |  |
| Spills Kits |  |  |
| Eye wash facilities |  |  |
| Eye wash facilities |  |  |
| Gas/electrical isolation valves |  |  |
| Evacuation Plan |  |  |

**Person conducting induction (Name):**

**Signature:**