

Safety, Quality and Environment (Full) Induction Record

PROJECT DETAILS									
Project Name: Bruce Highway Upgrade – Caloundra Rd to Sunshine Motorway						Project No: 28010A1			
PERSONAL DETAILS (Your details)									
FULL Name: []						Date of Birth: []			
Address: []						Post Code: []			
Home Tel No. []						Mobile Tel No. []			
Primary Tel No. []						Email Address: []			
Aboriginal or Torres Strait Islander? (Tick) YES ☐ NO ☐ BOTH ☐						Apprentice or Trainee? (Tick) YES ☐ NO ☐			
EMERGENCY CONTACT DETAILS (Who to contact in case of an emergency)									
Name: []									
Relationship: []						Contact Tel No. []			
EMPLOYMENT DETAILS (Details about your job)									
Company Name: []									
Address: []									
Supervisors Name: []						Contact Number: []			
Your occupation: []						Trade Qualified? (Tick) YES (Specify below) ☐ NO ☐			
QUALIFICATIONS (eg. Intermediate Rigger, Excavator operator, Basic Scaffolder, C6 Crane Operator, Senior First Aid etc.) Please include Any Traineeships or Apprenticeships currently being undertaken.									
NOTE: If certificates / tickets are photocopied, you are NOT required to fill out this section.									
Qualification		Certificate No.		Qualification		Certificate No.			
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
GENERAL SAFETY INDUCTION (CONSTRUCTION INDUSTRY) – e.g. WHITE CARD									
CARD NUMBER: []				CARD TYPE: (CIRCLE) WHITE / RED / BLUE / GREEN		ISSUE DATE: []			
DRIVERS LICENCE (If driving ANY vehicles on site)									
LICENCE NUMBER: []				STATE: []		TYPE: (C, MR, HC etc.) []		EXPIRY DATE: []	
MEDICAL INFORMATION (To be kept STRICTLY CONFIDENTIAL)									
Do you have any ALLERGIES? (Tick) (including Medications)				NO ☐		YES ☐ ►		DETAILS Specify: []	
Do you have any MEDICAL RESTRICTIONS related to your work? (Tick) (eg. Heart condition, epilepsy, previous injury, sensitivity to certain chemicals, mental or stress related disorder etc.) You must notify your relevant FHSWJV supervisor or first aider prior to commencing work if you have any restrictions / conditions that may hinder your ability to perform your duties safely and efficiently.								NO ☐	
								YES ☐ ▼ (Please specify details below and notify the relevant FHSWJV supervisor / first aider)	
DETAILS: []									
[]									

ACKNOWLEDGEMENT I acknowledge that I have undertaken and understood the Safety, Quality and Environmental Induction for the project and will comply with the requirements. I further acknowledge that the information given above is true and correct to the best of my knowledge. I agree to abide by all Legislative requirements including those outlined in Building Code 2013, WHS Act 2011 and WHS Regulations 2011.

Signature:

Date:

Office Use Only			
Induction conducted by:		Induction Questionnaire completed: ☐	
Signature:		Date:	

Medical Information

Name: _____

Address: _____

Postcode: _____

Contact Number (Home): _____

Contact Number (Mobile): _____

Date of Birth: _____
Day Month Year

Employer Name: _____

Do you have any current health concerns? ☐ No ☐ Yes, provide details below

Are you currently taking any prescription or non-prescription medicines, vitamins, home remedies, herbs etc? ☐ No ☐ Yes, provide details below

Medication 1	Medication 2	Medication 3
Medication name:	Medication name:	Medication name:
Dose quantity:	Dose quantity:	Dose quantity:
Dose frequency:	Dose frequency:	Dose frequency:

Do you have any allergies or reactions to known substances / insects (eg; bees, penicillin etc) ☐ No ☐ Yes, provide details below

Acknowledgement:

The above details are true and correct to the best of my knowledge. False or misleading information may lead to disciplinary action or dismissal.

Signature: _____

Date: ____ / ____ / ____