

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

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

I .... **Yes** **No**

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 Managing Fatigue Policy at all times		
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 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,		
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)		
I have read and understood the Network Rail Life Saving Rules and am in receipt of the rail handbook		

The above training in conjunction with the relevant Operational Induction is the minimum to ensure compliance with legislation, Clients and the company’s 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.

**Job Description**

<b>Title</b>	Operative
<b>Location</b>	Sites allocated
<b>Key Accountabilities</b>	<p>The Operative will be responsible for the duties detailed below:</p> <ul style="list-style-type: none"> <li>• Undertaking the allocated tasks in a timely manner and to the quality level that their trade training determines.</li> <li>• Compliance to the safe system of work set up by the Supervisor or manager and awareness of the control measures and requirements.</li> <li>• Their personal safety and ensuring all duties are carried out with minimum risk to themselves and others.</li> <li>• Not to interfere with any equipment provided for their safety and compliance with the site safety rules and instructions as contained within the operative’s site manual.</li> <li>• Drawing the Management’s attention to any shortfall in their competence or knowledge, to enable them to carry out their duties safely.</li> <li>• Ensuring all accidents/incidents are reported in accordance with company and local site procedures.</li> <li>• Ensuring all instructions cascaded down from the client or the company are implemented on site</li> <li>• Taking an active role in ensuring all Safety &amp; Environmental matters are properly assessed before undertaking any duty.</li> <li>• Attend Safety meeting/briefing as requested.</li> <li>• Ensure sufficient knowledge/experience to carry out their duties safely and with minimum risk to themselves and others.</li> <li>• Driving when required (and authorised) company vehicles and plant in compliance to training and legislation.</li> <li>• Ensure compliance to the Safety Responsibility Statements</li> </ul>
<b>Dimensions of Role</b>	Full compliance to the company and client’s management and site requirements.
<b>Signatures</b>	Employee: ..... Date: .....

**Medical Self Certificate**

Please study and answer the questions on this list and sign the declaration at the bottom.

	Yes	No
1. Do you have Diabetes needing Insulin?		
2. Do you take medication that may affect your work or your ability to work?		
3. Do you suffer from Epilepsy or Fits?		
4. Have you ever had Blackouts, recurrent dizziness or any condition, which may cause sudden collapse or incapacity?		
5. Do you get discomfort or pain in the chest or shortness of breath on exercise e.g. climbing a single flight of stairs?		
6. Do you have difficulty in moving rapidly over short distances, including on slopes, steps or rough ground?		
7. Do you have difficulty looking over either shoulder?		
8. Do you have difficulty with your eyesight (simple problems needing glasses need not be included)?		
9. Do you wear Contact Lenses?		
10. Do you have difficulty hearing normal conversations?		
11. Are you taking any medication that is giving you dizziness or drowsiness?		
12. Have used drugs of abuse within the last 12 months?		
13. Have you had any alcohol – related illness during the last 12 months?		

It is important that if you develop a new medical condition after you have completed this questionnaire you must report it to a member of the Management Team immediately

**Prescription and ‘Over the Counter Medication’**

Also remember; all employees are required to report to their Manager or Supervisor their use of medication, which may affect their ability to undertake their normal duties.

All of the above information will be dealt with in the strictest of confidence and you will not be discriminated or penalised in any way.

( ) **Yes** – One or more of the above applies to me

( ) **No** – None of the above applies to me

Signed: ..... Name: **(print)**..... Date: .....

**HAV Medical Questionnaire**

Individuals whose role involves the use of vibratory tools must complete this HAVS Medical Questionnaire at pre-employment and then at 12-monthly intervals.

Trade: .....

Please study this list and sign the declaration at the bottom.

1. All to complete:	Yes	No
1. Did previous jobs involve the use of vibrating equipment?		
2. Have you ever suffered from your fingers going white on exposure to cold?		
3. Have you had any tingling or numbness in your fingers after using vibrating equipment?		
4. Are you experiencing any problems with muscles or joints in your hands or arms?		
5. Do you have any difficulty picking up small objects such as screws or nails?		
6. Do any of your hobbies expose you to hand-arm vibration? If yes please give details		
<b>Employees only to complete:</b>		
7. If you answered yes to any question between 2 – 5 when did you first notice this?		
8. If you suffer now how often does it occur?		
2. Several times a year?		
3. Several times a month?		
4. Several times a day?		
5. Every day?		
6. Does it occur in winter only?		
7. Winter and summer?		

One or more of the above applies to me:

None of the above applies to me:

**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	Sign to show received
Safety Boots	
Orange High Visibility Vest	
Orange High Visibility Jacket	
Orange High Visibility Trousers	
Hardhat and chinstrap	
Goggles	
Ear Defenders	
Gloves	
Uniform	
Other (Please Specify)	

All personnel 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.

**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.
Job Description:	I fully understand my role and those responsibilities detailed within my Job Description.
Medical Self Certificate:	I have completed and signed the Medical Self Certificate and the answers are to the best of my knowledge true.
HAV Medical Questionnaire:	I have completed and signed the Medical Self Certificate 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.
Network Rail Life Saving Rules	I have signed for my understanding and compliance to Network Rail Life Saving Rules.
Rail Handbook	I am in receipt of my Rail Handbook

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

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

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