**OFFICE HS&E INDUCTION RECORD**

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| **Operating business** |  | **Office address** |  |
| **Employee Name** |  | **Role** |  |
| **DOB** |  | **Inducted by** |  |

This induction record must be completed for any new office based member of staff by the Office Manager or their Line Manager.

Once completed this form must be provided to the Office Manager and kept securely for the duration of a person’s employment.

**Medical conditions**

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| --- | --- |
| In the event of an emergency, the employee should list any known condition which may affect their ability to safely leave their work area. Also any medical conditions that any First Aiders should be aware of should they become unwell at work. The employee should also keep their emergency contact details up to date via the HR Department/ HR Access System. | |
| **Condition** | **Treatment or control requirements** |
|  |  |

**Evidence of induction content**

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| --- | --- | --- |
| **The employee is to tick off each section once discussed:** | | **✓** |
| **1** | I have been informed of the location of the HS&E policy, standards and associated documentation.  [Persimmon Cloud](https://hs.persimmoncloud.com/) |  |
| **2** | I have been informed of the location of the office safety handbook.  [Office Safety Handbook](https://hs.persimmoncloud.com/9-Procedures-manuals-tradespec-certificates/6%20Office-Safety-Handbook/Office-safety-handbook.pdf) |  |
| **3** | I have been informed of what to do in the event of a fire or other emergency. |  |
| **4** | I have been informed of what to do if I need first aid and who are the office First Aiders. |  |
| **5** | My workstation has had a Display Screen Assessment or one has been arranged. |  |
| **6** | I have been informed of the location of the office toilets and kitchen areas. |  |
| **7** | I have been informed where I can deposit my waste, including items that can be recycled. |  |
| **7** | I have been informed that smoking within the office building is strictly prohibited and where the designated smoking area is outside. |  |
| **8** | I have been informed that I should never lift any items that are too heavy for me and to ask for help. |  |
| **9** | If I have any general office safety concerns, I will report these to the Office Manager or my Line Manager. |  |
| **10** | I have been made aware of the smoking arrangements and where smoking can be carried out. |  |
| **11** | I have been informed that I must switch off any lights or air conditioning units etc. at the end of each working day and to ensure any windows are closed and secure. |  |
|  | **(Additional point, please add)** |  |

I confirm that I have received the office HS&E induction.

|  |  |  |
| --- | --- | --- |
| Employee signature |  | Date: |

I confirm that I have delivered the office HS&E induction to the employee.

|  |  |  |
| --- | --- | --- |
| Manager signature |  | Date: |