

VOLUNTEER HEALTH AND SAFETY INDUCTION CHECKLIST

To be completed by volunteer supervisor (or a delegated volunteer) prior to volunteer commencing work.

Have the volunteers been shown the following local information?	Yes	No	NA
Location of sign-in/out book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency exits, assembly areas and safety zones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of first aid kit/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BGPA contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have the volunteers received the following induction information (refer to Handbook and Volunteer Induction PowerPoint)?			
Roles and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace health and safety policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellbeing support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk management process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reporting hazards, near-misses and incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Site Sign-In	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training, licences and certification requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Animal and Insect hazards including snakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working outdoors, sun safety and hydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working alone procedures, including check-in times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program-Specific Checks			
Have copies of applicable training, licenses and certifications been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is a Job Safety Analysis required? If yes, has it been completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Local Information (attach additional information as necessary)			

Volunteer

By signing, I confirm I have reviewed BGPA's volunteer health and safety induction information and I agree to abide by the requirements as explained in the induction material.

Volunteer (Print Name): _____

Volunteer team: _____

Signature of Volunteer: _____

Date: _____

Supervisor

By signing, I confirm that the volunteer has received the BGPA's volunteer health and safety induction information.

Volunteer Supervisor (Print Name): _____

Signature of Volunteer Supervisor: _____

Date: _____

Return to Volunteer Program Coordinator
Biodiversity Conservation Centre

Email: inger.thompson@dbca.wa.gov.au Tel: 9480 3678