

SAFETY & WELLBEING CONTRACTOR INDUCTION FORM

Document History

Version	Change	Who	Date
03	Document Updated	Group Health and Safety Manager	Nov 2023

Document owner: **Group Health and Safety Manager**

Scheduled date for next review: **Two Yearly**

Tick once completed:

Note, many sites have specific requirements that will need to be communicated as applicable to the contractor attending.

General
<input type="checkbox"/> - Provided a copy and read the Scott Health, Safety, Wellbeing and Environmental Policy <input type="checkbox"/> - Provided information on the site rules, such as where smoking areas, speed limit, amenity <input type="checkbox"/> - Provided information on the site hazards and risks that the contractor may be exposed to and restricted area <input type="checkbox"/> - Provided information on the Scott Lock Out Procedure <input type="checkbox"/> - Provided information on Hazardous Substances and the location of relevant SDS
Work Specific
<input type="checkbox"/> - Provided information on the work-specific hazards and risks the contractor may be exposed to <input type="checkbox"/> - Any PPE that is required for the work and how to use it safely <input type="checkbox"/> - Requirements for Lifting and other equipment the contractor may need to use <input type="checkbox"/> - Requirements for JSA/JSEA
HSE Reporting
<input type="checkbox"/> - Explained that Scott expects all Health and Safety events will be reported, and corresponding procedures <input type="checkbox"/> - Shown how to report an HSE event via the BeScott reporting tool
Emergency Response
<input type="checkbox"/> - Provided information on the relevant emergency procedures (e.g. Fire Evacuation) <input type="checkbox"/> - Provided the location of First Aid Kits, Defibrillator and other emergency equipment

By signing this form, I confirm that I have completed and fully understood the Site-Specific Induction for the site as detailed.

Name: _____ Site: _____

Signature: _____ Date: _____

Inductor Signature: _____ Date: _____

Company: _____ Valid Public Liability: Yes/No Contact _____