***Young Workers – Checklist***

|  |  |  |
| --- | --- | --- |
| Inspector/s:  | CRM: **180205-001662** | Date &Time: |
| Workplace (Business):  |
| Workplace / Site Address:  |
| Industry:  |  Year: 1st 2nd 3rd 4th  | Gender: M / F / Other |
| PCBU Contact Person:  | Phone:  |
| ACT Workers Compensation Policy #: | Insurer: | Expiry: |
| Young Worker Name:  | DOB:  | Phone:  |
| INDUCTION | Compliant | Non Compliant | COMMENT |
| 1 | Site induction  |  |  |  |
| 2 | White Card Training (sight card) |  |  | Reg No# |
| 3 | Asbestos Awareness Training (sight proof) |  |  |  |
| 4 | Mentor/Direct supervisor/Buddy Details |  |  |  |
| 5 | Is supervisor licensed (take photo of licence) |  |  | Lic No# |
| 6 | Awareness of work health and safety policies and procedures – Main workplace and field base. |  |  |  |
| 7 | Workplace Procedures |  |  |  |
| 8 | Safe use of machinery and equipment |  |  |  |
| 9 | Identifying and reporting safety concerns and hazards |  |  |  |
| 10 | Emergency procedures |  |  |  |
| 11 | Supplied with appropriate PPE |  |  |  |
| 12 | Introduced to the Health & Safety representative (HSR) |  |  |  |
| 13 | Tool box talks and meetings records |  |  |  |
| 14 | Regular scheduled meetings with senior supervisor |  |  |  |
| TRAINING |
| 15 | Registered with RTO  |  |  |  |
| 16 | Familiarised with WHS legislation |  |  |  |
| 17 | Manual handling training |  |  |  |
| 18 | Basic first aid training |  |  |  |
| 19 | Have access to first aid equipment |  |  |  |
| 20 | Confined spaces training (where applicable) |  |  |  |
| 21 | Appropriate training for PPE use |  |  |  |
| DOCUMENTATION to be supplied by PCBU |
| 22 | Training documentation |  |  |  |
| 23 | Induction documentation |  |  |  |
| 24 | Australian Apprenticeship Training Plan |  |  |  |

The following checklist will assist you in completing verifications of induction and training requirement for apprentices and trainees. Some information collected will aid in identifying merging issues to inform future programs.

 ***Diversity Information***

|  |
| --- |
| Are you a member of any of the following groups:Aboriginal or Torres Strait Islander……………………….. Yes / NoPeople with Disabilities…………………………………………….. Yes / No People from non-English speaking background…………. Yes / No  |
| What is your opinion of work health and safety in the workplace? |
| Inspectors Notes (Including compliance action taken) |