

Staff Induction Training Checklist

Staff Name:	_____	Position:	_____
Department:	_____	Start Date:	_____
Supervisor:	_____	Completed By:	_____

Induction Items

Item	Completed	Date	Trainer Initials
Welcome and Introduction	<input type="checkbox"/>	_____	_____
Company Overview & Structure	<input type="checkbox"/>	_____	_____
Health & Safety Procedures	<input type="checkbox"/>	_____	_____
HR Policies and Code of Conduct	<input type="checkbox"/>	_____	_____
Workplace Tour	<input type="checkbox"/>	_____	_____
IT & Communication Systems	<input type="checkbox"/>	_____	_____
Role & Responsibilities	<input type="checkbox"/>	_____	_____
Emergency Procedures	<input type="checkbox"/>	_____	_____
Other (Specify): _____	<input type="checkbox"/>	_____	_____

Sign Off

Employee Signature:	_____	Date:	_____
Supervisor Signature:	_____	Date:	_____