

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:	_____