



Surname:	Forename:	Date of Birth:
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By signing this form, the trainee confirms that they have received and understood explanations for all elements of the induction of process outlined below.

By signing this form the trainer confirms that they have delivered appropriate explanations of all elements of the induction process outlined below, and that the trainee has demonstrated their understanding or competence for all elements of the induction of process.

Orientation completed for		Date	Initials (Trainer)	Orientation completed for		Date	Initials (Trainee)
Reception area				Fire Exits			
Changing area (including nurse call)				Fire Extinguishers			
Toilet (including nurse call)				Fire Sweeper Role			
Recovery area (including nurse call)				Lifting and Handling			
First aid							
Summoning outside help (9 -323 333)							
Oxygen							
Trainee	Signature:	Date	Trainer (L2/L3 operator)	Signature:	Date		
	Print Name:					Print Name:	