New Starters Induction Attendance Register

PLEASE WRITE IN BLOCK CAPITALS AND ENSURE ALL WRITING IS CLEARLY LEGIBLE

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1. PERSONAL DETAILS

First Name:		Surname:	
Company:		Occupation/Trade:	
Mobile Number:		Email:	
Home Address:		Nationality:	
I.C.E Contact Name: *(In Case of Emergency)*		I.C.E Contact Number: *(In Case of Emergency)*	

Medical Information

This information is required to help protect your Health & Safety whilst working on behalf of CFS. All details provided will be treated with the strictest confidentiality.

Question		Yes	No
a)	Do you have any existing medical conditions that could affect your concentration or safety on site?		
b)	Are you diabetic? - *If 'yes' state what type of medication you use*		
c)	Do you suffer from Asthma? - *If 'yes' state what type of medication you use*		
d)	Do you suffer from Epilepsy? - *If 'yes' state what type of medication you use*		
e)	Have you ever had recurrent dizziness or any condition, which could cause collapse or incapacity?		
f)	Do you suffer from discomfort, chest pain or shortness of breath? e.g. after climbing a single flight of stairs		
g)	Are you taking any drugs/medication that could affect your concentration or safety on site?		
h)	Do you have difficulty hearing normal conversation?		
i)	Do you need to wear prescription glasses to carry out your job role?		
J)	Do you have prescription Eye Protection to the same standard?		
Provide information on your condition and the control (medication, etc) requirement(s)			

2. EVIDENCE OF COMPETENCE

Question	Yes	No
I have completed Asbestos Awareness training and hold a valid UKATA accredited certificate. *(where applicable)*		
I have a valid CSCS Card		
Do you a current First Aid certificate?		
Do you have a current SSSTS/SMSTS certificate?		

A COPY OF YOUR CSCS CARD MUST BE SUBMITTED WITH THIS INDUCTION FORM

Card Type:		Ref No:		Expiry Date:	

3. ADDITIONAL INFORMATION

4. GENERAL SAFETY

Question		Yes	No
a)	I have received a copy of the CFS Health & Safety Policy.		
b)	I have received a hard copy of the CFS Risk Assessment and safe practices relevant to my role.		
c)	I will review the site-specific risk assessments prior to commencing each project, and sign to confirm my understanding of the site-specific arrangements for health & safety.		
d)	I have been informed of the importance of site security and will adhere to site specific arrangements.		
e)	I will only undertake works, which I have the necessary experience and competency to complete safely.		
f)	I will ensure my tools/equipment are maintained in a safe condition and are always in good working order.		
g)	I will report any accident, incidents and near miss situations to CFS Senior Management Team.		
h)	If I come across unidentified materials that may contain Asbestos, I will STOP WORK, secure the area and immediately report to the site manager.		

HEALTH AND SAFETY QUESTIONNAIRE

Complete this multi-choice questionnaire to help demonstrate your understanding of some of the health and safety arrangements that were communicated during the site safety induction. Circle the answers that you think are correct.

Who is responsible for health and safety onsite?

a. Health & Safety Manager
b. First Aider
c. Site Manager
d. Everyone

What must you do if you identify any health and safety issues on site, or have any health and safety concerns?

a. Ignore it and carry on working
b. Report it to my work colleague
c. Immediately report to site manager/supervisor
d. Report it at the end of the working day

If you suspect someone has been drinking alcohol, what should you do?

a. Get them to drink plenty coffee before they go back to work
b. Ignore it is not your responsibility
c. Get them something to eat, wait 30 minutes, then they can go back to work
d. Tell them your concerns and see that they are safely removed from site

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DECLARATION

By signing below, you are confirming:

- **The information I have provided on this form, is true to the best of my knowledge.**
- **I have attended the CFS Health & Safety Induction, I understand the site rules and my own responsibility for health & safety. I will always work in a common endeavour to maintain a safe working environment.**
- **I will immediately raise any health and safety concerns about the work environment to the site manager.**

Date:			
First Name:		Surname:	
Signature:			

Induction completed by:	
Job Role:	
Signature:	