

# WORKPLACE INDUCTION PROCESS

## Sequence Checklist & Verification Record

EMPLOYEE NAME  
DEPARTMENT / UNIT  
INDUCTOR NAME  
COMMENCEMENT DATE

### PHASE 1: Administrative & Compliance

Employment contract and payroll documentation signed	__/__/__
Government identification & Right to Work verified	__/__/__
System access, ID badges, and security keys issued	__/__/__

### PHASE 2: Health, Safety & Environment (HSE)

Emergency exits and assembly points walkthrough	__/__/__
First aid kit locations and Officer identification	__/__/__
Incident reporting procedures and Hazard logs	__/__/__

### PHASE 3: Role Specific & Operational

Team introductions and organizational chart review	__/__/__
Standard Operating Procedures (SOPs) manual overview	__/__/__
Workstation setup and ergonomic assessment	__/__/__

EMPLOYEE SIGNATURE  
SUPERVISOR SIGNATURE

*The completion of this form confirms all mandatory induction sequences have been performed.*