

Contractor Induction Form

This form must be completed on the first day of a Contractor's work

Contractor's Name:

Contractor's Company Name:

INTRODUCTION – To be completed by the person responsible for the Contractor

Company/department working hours

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Signing in and out procedures

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Welfare (e.g. toilets, canteen etc.)

Familiarisation with working area and staff

Smoking Policy – permitted areas

Pedestrian Safety Around Forklift Trucks Document to be read, signed and attached

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To be completed by the person responsible for the Contractor

Signed: Date:

FIRE PROCEDURES – To be completed by a Fire Warden

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Fire Evacuation Procedure

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Emergency Exits (in relevant working area)

Call Points (in relevant working area)

Assembly Point

Fire Alarm Tests

To be completed by a Fire Officer

Signed: Date:

ACCEPTANCE – To be completed by the Contractor(s)

I have received the above induction and fully understand all the information I have been given

I fully understand my responsibilities whilst on site for my health and safety and those around me

I will comply with my Risk Assessment and Method Statement(s)

I will inform the person responsible for me of any deviation to my Risk Assessment or Method Statement(s)

I will immediately cease my work if I have any health and safety concerns and discuss these with the person responsible for me

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To be completed by the Contractor(s)

Signed: Date:

This form must be attached to the relevant Contractor Approval Form and returned to the Finance & Operations Director or Operations Manager for reference.