

INDUCTION TRAINING RECORD

Name: Job Title:
 Department: Date:

INTRODUCTION/PAPERWORK - HR DEPARTMENT

To be given to new employee:

New Starter Information ☐

If no P45 – Starter Checklist ☐

Health Questionnaire ☐

Accident at Work Form ☐

Authority to Make Deductions From Wages ☐

Use of Mobile Phone Whilst Driving Policy (if applicable) ☐

Working Time Regulations Form ☐

Time & Attendance System Policy ☐

Holiday Form ☐

Holiday & Sickness Record ☐

Bank Holidays and Pay Dates ☐

To receive from employee:

Proof of the Right to Work in the UK ☐

Signed Contract ☐

Completed Application Form ☐

New Starter Information ☐

P45 or Starter Checklist ☐

Completed Health Questionnaire ☐

Completed Accident at Work Form ☐

Signed Authority to Make Deductions ☐

Signed Mobile Phone/Driving Policy ☐

Working Time Regulations (if applicable) ☐

Proof of Qualifications (if applicable) ☐

Introduction:

Payroll - When / How / Emailed Payslips ☐

Complete Right to Work Checklist ☐

GDPR Training ☐

Completed by HR Dept. Signed: Date:

EMPLOYEE HANDBOOK - HR DEPARTMENT

Probationary Period ☐

Sickness Absence Policy / Notifying absence ☐

Rights of Search ☐

Computer Security/Email/Internet Use & Monitoring ☐

CCTV ☐

Smoking Policy ☐

Harassment & Bullying Policy ☐

Mental Health & Wellbeing Policy and First Aiders ☐

Data Protection / Personal Data ☐

Holiday Booking ☐

Telephone/Mobile Use During Work ☐

Dress Code ☐

Equal Opportunities Policy ☐

Disciplinary Policy ☐

Capability Policy ☐

Grievance Policy ☐

Completed by HR Dept. Signed: Date:

AUTOMATIC ENROLMENT PENSION – HR DEPARTMENT

Enrolment Date will be (3 months full service prior to entry):

Personal Email Address to be given to Aegon:

Spectrum Employee Benefits Consultancy ☐

Automatic Re-enrolment for opt outs - 01/09/2026 ☐

Geoff Fillery, Pensions Advisor ☐

Online Services ☐

Completed by HR Dept. Signed: Date:

SPECIFIC TO EXTREME DEPARTMENT ONLY

Explain possible hazards out on site ☐

Read Safety Booklets ☐

Explain Safety Data Sheets ☐

Completed by Manager/Supervisor: Signed: Date:

PARKING

- Private vehicles parked on or around our premises are done so at the owner's risk and we accept no liability for any damage caused to such vehicles.
- The speed limit is 10mph.
- You must park within the allocated spaces.
- Two car parks are available, spaces are not reserved (other than for Directors) and are available on a first come first served basis.
- The lower car park (by the main office) is strictly one way only.

To identify the owner of a vehicle parked on our premises, in case of emergency or for failure to follow the rules of the car park please complete the following:

Type of vehicle (i.e. car, motorbike, van etc.):

Make of vehicle: Registration Number:

Please note that failure to follow the rules of the car park could lead to you being asked to park off premises.

Completed by Manager/Supervisor: Signed: Date:

HEALTH & SAFETY – H&S TEAM

FLT02 Pedestrian Safety around FLTs
Risk Assessment Form(s)
How to access Health & Safety Policies
COMAH Site explanation
Combi Lift FLT in Timber Products DO NOT ENTER
First Aid Officers/Facilities/Accident Reporting

✓
☐
☐
☐
☐
☐
☐

H&S 15 Fire Evacuation Procedure
H&S 05 Yard Policy
Importance of PPE
DVD - Manual Handling
Health & Safety Online Training

✓
☐
☐
☐
☐
☐
☐

Completed by H&S Person Signed: Date:

FIRE PROCEDURES – FIRE OFFICER

COMAH
Emergency Exits (whole Building)
Fire Extinguishers (do's and don'ts)
Evacuation Point (individual's)
Fire Wardens/Officers (who / responsibilities)

✓
☐
☐
☐
☐
☐

Evacuation in event of COMAH fire
Evacuation in event of non-COMAH fire
Call Points in local area
Fire Alarm Tests
In and Out Board (Importance & Evacuation)

✓
☐
☐
☐
☐
☐

Completed by Fire Officer Signed: Date:

INTRODUCTION BY MANAGER/SUPERVISOR – To be completed on first day

Hours of work and breaks / time keeping
Tour of the Building / Introduction to team
Emergency Exits / Closest Call Point
Facilities – Canteen / Toilets
In & Out board – Location / Use

✓
☐
☐
☐
☐
☐

Protective Clothing (Hi Viz & other applicable)
How to book Holiday (in hours)
Holiday Commitments (pre booked)
Sign and return Job Description
Complete Competency Form

✓
☐
☐
☐
☐
☐

Completed by Manager/Supervisor: Signed: Date:

EMPLOYEE DECLARATION

I confirm I have received the above induction and understand the information given to me. I also confirm that I have received, read and understand the Employee Handbook.

Signature: Date:

Probationary Review

Four Week Review & Competency Form Review

Supervisor's/Manager's Notes

Signed by Supervisor/Manager: Date:

Three Month Review & Competency Form Review

Supervisor's/Manager's Notes

Signed by Supervisor/Manager: Date:

Six Month Review & Competency Form Review

Supervisor's/Manager's Notes

(Please confirm if Probation has been successfully passed)

Signed by Supervisor/Manager: Date: