

## Placement Induction Checklist

### Induction Details

**Clinical Educator:**

**Host Organisation:**

**From:** 1st Jan 1970

**To:** 1st Jan 1970

### Who is your nominated contact for Health & Safety issues?

**Placement:**

**University:**

**Telephone:**

**Telephone:**

**Email:**

**Email:**

As a minimum, the topics listed below should be included within your induction into the placement organisation preferably on your first day. Please check off the subjects as they are covered and inform your University contact / placement organiser if any subject are not been covered within your first week.

Issues	Answer	Date
Introduction to key staff members and their roles explained	<input type="radio"/> Yes <input type="radio"/> No	
Location of welfare facilities (e.g. toilets, kitchen, rest room, showers, etc.)	<input type="radio"/> Yes <input type="radio"/> No	
Emergency procedures	<input type="radio"/> Yes <input type="radio"/> No	
Copy of safety policy received or location known	<input type="radio"/> Yes <input type="radio"/> No	
Location of first aid facilities and contact for first aiders	<input type="radio"/> Yes <input type="radio"/> No	
Fire procedures and location of fire fighting equipment	<input type="radio"/> Yes <input type="radio"/> No	
Accident/incident reporting and location of accident book	<input type="radio"/> Yes <input type="radio"/> No	
Use of/control measures for the use of hazardous substances in the workplace (e.g. COSHH) - if applicable	<input type="radio"/> Yes <input type="radio"/> No	
Display Screen Equipment Regulations and associated procedures - if applicable	<input type="radio"/> Yes <input type="radio"/> No	

Manual handling procedures  Yes  No

Protective clothing/equipment arrangements - if applicable  Yes  No


Instruction on equipment you will be using (list equipment)  Yes  No


Specific training for tasks to be undertaken  Yes  No

Specific information relating to risk assessments covering tasks to be undertaken  Yes  No

Location of health and safety information and advice  Yes  No

Specific disability related induction issues  Yes  No

 **Student Signature:** Unsigned

 **Date Signed:** Unsigned