



# **Induction Checklist / Site Recording Sheet**

Assets & Works Group

# Induction Checklist / Site Recording Sheet

Assets & Works Group

City Administrative Centre Bridge Road, Nowra, NSW, Australia, 2541

Address all correspondence to: The General Manager, PO Box 42, Nowra, NSW, Australia, 2541 I DX 5323 Nowra  
council@shoalhaven.nsw.gov.au I www.shoalhaven.nsw.gov.au I Phone: (02) 4429 3111 I Fax: (02) 4422 1816

Business/Group Name .....

Site Location .....

## A. TO BE COMPLETED BEFORE STARTING WORK (Private Use and Community Group Use)

- |   |                              |                             |                              |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Has a site risk assessment been completed for this site?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 2. Is the risk assessment still relevant?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 3. Have you completed and returned the signed agreement form for graffiti trailer use?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 4. Do you have the correct Traffic Control Plans?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 5. Do you have the correct Safe Work Method Statements (SWMS) for the activity you are doing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 6. Do you have the Graffiti Trailer gurney use instructions?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 7. Has the Graffiti Trailer gurney use been explained?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8. Do you have the correct Safety Data Sheets (SDS)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 9. Do you understand the use of the equipment?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Inductors Signature..... Date .....

Inductees Signature..... Date .....

## B. TO BE COMPLETED AFTER FINISHING WORK (Community Groups)

Date	Name	Signature	Hours

Note: Please ensure all hours names & signatures are recorded

**PLEASE FORWARD THE ORIGINAL OF THIS SHEET TO: The Graffiti Abatement Officer, PO Box 42, Nowra NSW, 2541, fax: 4422 1816 or email: council@shoalhaven.nsw.gov.au**

*Privacy Notification: The information requested on this form is being collected by Shoalhaven City Council for the removal of graffiti. The information will be used solely by Council officers for the purposes mentioned or a directly related purpose. This information will not be shared externally with any other organisations unless you agree for us to take legal action against any perpetrators, in which case we may need to share your information with the NSW Police.*

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### OFFICE USE ONLY

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