

## Induction Training Record

<b>Name:</b>				
<b>Job Title:</b>				
<b>Contact Number:</b>				
<b>Car/Van Registration</b>				
<b>Employer:</b>				
<b>CSR/CSCS Card No:</b>		<b>Expiry Date:</b>		
<b>Training Details Provided:</b>				
<b>First Aid Enquiries:</b>				
Are you aware of any medical condition that should be made known to our site 1 <sup>st</sup> Aiders in the event they need to attend to you in an emergency? (select)	<b>NO</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>
Are you willing to discuss this in confidence with a site first aider? (select)	<b>NO</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>
Name of medical condition:				
Next of Kin Contact Name: (for emergency purposes only)				
Next of Kin Contact No: (for emergency purposes only)				
<b>Note: Any information you supply will be kept in the strictest confidence and with your permission only divulged to site first aiders.</b>				
I have received the following induction information on Total Batching Solutions site:				
1. TBS Health and Safety video induction (or equivalent) has been shown/explained and I agree to work in a safe manner whilst on site.	<input type="checkbox"/>			
2. Site-specific safety and wellbeing information has been shared	<input type="checkbox"/>			
3. I know who my host/Line Manager for reporting of accidents, incident near-misses and any HSE concerns or queries.	<input type="checkbox"/>			
4. I have received appropriate Personal Protective Equipment and agree to use all PPE in the correct manner.	<input type="checkbox"/>			
<b>NAME (Print)</b>				
<b>SIGNATURE:</b>				
<b>DATE:</b>		<b>INDUCTED BY:</b>		