STAFF INDUCTION

Greyhound CODE OF PRACTICE

Section 1: Personal Information

Employee Name:

Commencement Date at facility:

Address:

Phone (mobile):

Phone (other):

Qualifications and Industry Experience - Include GRV Member Number (if applicable), First Aid Certificate, industry qualifications and other relevant experience / qualifications:

	Date of qualification:

Pre-Existing Medical Conditions or Injuries (please tick):

- ☐ Asthma
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Low Blood Pressure
- ☐ High Blood Pressure
- ☐ Heart Condition

General Health Issues:

Emergency Contacts/Next of Kin:

Name:

Relationship:

Phone:

Mobile:

Name:

Relationship:

Phone:

Mobile:

Section 2: Induction / Internal Training

ESTABLISHMENT ORIENTATION	Y	N
Taken on a tour of the Establishment and surrounding facilities and shown all areas you may be required to work.		
Alerted to all known and potential hazards related to the Establishment and the work they will be performing.		

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EMERGENCY PROCEDURES – Medical	Y	N
Shown location of first aid kit and names of first aid qualified employees.		
Shown location emergency contact numbers.		

EMERGENCY PROCEDURES – Fire / Chemical	Y	N
Shown location of fire extinguishers and hoses.		
Emergency plan explained and evacuation assembly area(s) identified.		

KENNEL ROUTINES – Explained/Shown correct procedure for:	Y	N
Cleaning boxes and yards. Explained manual handling & correct lifting techniques.		
Greyhound feeding, watering.		
Greyhound handling: grooming, catching, leading (based on age appropriate activities)		
Kennel equipment maintenance and check, any defective gear to be removed from use and repaired/discarded.		
Loading and unloading greyhound onto trailer, transport vehicles.		
Loading and unloading greyhounds into and out of kennels, training yards, tracks.		

GENERAL INFORMATION	Y	N
Explained whom the employee is to take instruction from and be responsible to.		
Occupational Health & Safety policy and OH&S Representative identified.		
Report all incidents, accidents and near misses to supervisor / employer.		
Unsafe behaviour and /or colleagues affected by drugs or alcohol to be reported to supervisor.		
Disclosure of any medical condition or pre-existing injury that may impact on ability to perform assigned role.		
Shown where staff amenities are located; lunch room, toilets, notice boards and other relevant facilities.		
Commencement and finishing times, tea breaks, etc.		

OTHER REQUIREMENTS OR HAZARDS SPECIFIC TO THIS ESTABLISHMENT		

It is important that both the Establishment manager and staff member sign off to indicate that both are satisfied with the level of the staff member's skills prior to commencement of employment.

Establishment Person in Charge Full Name	Person in Charge Signature	Date
Staff Full Name	Staff Signature	Date