



## Induction Record

Name.....

Role ..... Start Date .....

Reporting to:.....

Topic area	Trainer	Date of training	Signature of staff member	Signature of trainer
Health and safety				
Emergency plan				
First aid				
Biosecurity				
Animal welfare				
Traceability				

By signing, you are confirming that you have been given direction on the above elements and understand how your role/employment is impacted by these requirements.