

# HEALTH & SAFETY TRAINING PLAN & REGISTER



Company Name:

Worker Name:

Induction Completed By:

Induction Received:

☐ Yes ☐ No

Induction Date:

**Training Register** - Below is a list of relevant tasks & equipment that poses potential risk to health & safety. Ensure appropriate training is given to each worker on these. If you have additional hazards/risks in your workplace, add these to this list & ensure appropriate training is received. Once the worker is competent, tick off the task.

## Tasks

**Task: Manual Handling** eg. lifting/moving materials

Training Received: ☐ Formal eg. online course

☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:

☐ Yes ☐ No

**Task: Office Ergonomics** eg. work station design

Training Received: ☐ Formal eg. online course

☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:

☐ Yes ☐ No

**Task: Stacking Materials** eg. working on platforms

Training Received: ☐ Formal eg. online course

☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:

☐ Yes ☐ No

## Task: Managing Stress/Workload

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

Task:

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

Task:

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

## Equipment

### Equipment: Photocopier

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

### Equipment: Cutting Equipment/Guillotine

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

### Equipment: Appliances eg. laminator, kitchen appliances etc

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

Equipment:

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

Equipment:

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No

Equipment:

Training Received: ☐ Formal eg. online course  
☐ Informal eg. trained by internal manager

Date Training  
Received:

Assessed as Competent  
by:

Competent to use/perform  
unsupervised:  
☐ Yes ☐ No