

# TRAINERS HEALTH AND SAFETY INDUCTION CHECKLIST

## WORKER DETAILS

Full Name:	Employer:
Employee Address:	
Email Address:	
Driver License No.	Date of Birth:
Date of Issue:	Expiry Date:

## Health and Safety Training

I've gone through and understand:

- ☐ Health and Safety Induction Booklet
- ☐ How to report an incident or event
- ☐ What to do in an emergency
- ☐ HRNZ Harness Cadet Training

## Equipment

I have:

- ☐ Helmet
- ☐ Body Protector
- ☐ Safety Glasses
- ☐ Gloves
- ☐ Appropriate shoes and clothing to stay dry and warm while working

I agree that I have received and understand the requirements of how to perform my role safely including the company's expectations around working safely around horses:

Signed by Employee/Worker:	Date:
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## MANAGER AUTHORISATION

I, \_\_\_\_\_ confirm that

- Gone through emergency details specific to the site/s
- The applicant has read the HRNZ Health and Safety Induction Booklet
- The worker is doing/has completed the HRNZ Harness Cadet Training

Signed:	Date:
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