

FORTH PORTS LIMITED LOCAL / THIRD PARTY INDUCTION

| This form must be completed in full to identify that relevant induction training and information ha | s been given to the | recipient. | |
|--|----------------------|--------------------|---------------------|
| (please tick as appropriate) | | | |
| EMPLOYEE CONTRACTOR | VISITOR | | |
| Date of Training: Port: | Dept: | | |
| Name of Inductor: Co | ntact No: | | |
| Name of Person being Inducted: Company Details: | | | |
| Location of Work: | | | |
| The following inductions information must be communicated to the Person being inducted. Both initial the topics covered. | h inductor and the p | person receiving t | he information must |
| Completion Guidance | | INDUCTORS | EMPLOYEE/ |
| (please check tick boxes, Yes or No) | | INITIALS | THIRD PARTY |
| Competence Checks | | | |
| Certificate of Training Achievement (CTA) (where plant/equipment to be used) | | | |
| The above card must be supplied and details of the card and category of plant copied on to this for | m before | | |
| authorisation to work is issued. | 001010 | | |
| CTA Card No: Date of Issue: Date of Renewal: | | | |
| Does photo match individual YES NO | | | |
| Medical Checks | | | |
| Medical Requirements | | | |
| (please tick as appropriate) | | | |
| Is the necessary Medical evidence available to allow the person identified on this form to commen | ce work | | |
| Full Medical Date | | | |
| Health & Safety Information | 125 110 | | |
| Emergency Contact Details | | | |
| | | | |
| Forth Ports contact in the event of accidents, incidents or other emergencies. | | | |
| Confirmation the above has viewed the 'Working Safety in our Ports' Induction Video | | | |
| Accident Damage Reporting Procedure (Should you be involved in an incident you may be | e tested in | | |
| line with Forth Ports Policy on Alcohol and Substance Misuse) | | | |
| Outline of company or local procedure | | | |
| Risk Assessment Finding | | | |
| Local/General Hazards & Controls (incl. site radiation hazards) | | | |
| Fire Safety Awareness | | | |
| Raising the alarm, escape routes, assembly points, fire fighting equipment | | | |
| First Aid Facilities | | | |
| Location of Occupational Health, Identification of First Aiders | | | |
| Smoking | | | |
| No smoking areas/identified smoking areas | | | |
| Vehicle Use | | | |
| Parking, speed limits, restriction | | | |
| Local amenities and welfare activities | | | |
| Access/Egress | | | |
| Safe routes and walkways within the Port Environment/General Building/Sheds, Vessels, on P. | lant Equipment | | |
| and Ladders | | | |
| Housekeeping requirements | | | |
| Identifying debris, storage/waste points | | | |
| Methods of Communication | | | |
| Verbal, radio, hand signals | | | |
| Personal Protective Equipment | | | |
| Items supplied, when/where to utilise | | | |
| Persons to Sign: Inductor: | | | |
| III. III. III. III. III. III. III. III | ••••• | | |
| Employee/Third Party: | г | Date: | |