

Construction Site Visitor Induction Form

Please complete all sections of this form prior to entering the construction site. This form is for print and record-keeping purposes.

1. Visitor & Host Details

Visitor Full Name:	<input type="text"/>
Visitor Company / Organisation:	<input type="text"/>
Contact Phone Number:	<input type="text"/>
Site Host Name (Escort):	<input type="text"/>
Date of Visit:	<input type="text" value="DD/MM/YYYY"/>
Time In:	<input type="text" value="HH:MM AM/PM"/>
Time Out:	<input type="text" value="HH:MM AM/PM"/>

2. Emergency Contact Information

Emergency Contact Name:	<input type="text"/>
Relationship to Visitor:	<input type="text"/>
Emergency Phone Number:	<input type="text"/>

3. Safety Induction Checklist

Please write "YES" to confirm you acknowledge and agree to each condition:

Safety Requirement	Confirm (Write YES)
I agree to wear Personal Protective Equipment (PPE) at all times (Steel cap boots, hi-vis vest, hard hat, safety glasses).	<input type="text"/>
I agree to remain with my designated site host at all times while on site.	<input type="text"/>
I acknowledge that I have been briefed on the site evacuation procedures and assembly points.	<input type="text"/>
I agree to report all hazards, near-misses, and incidents immediately to site management.	<input type="text"/>
I confirm that I am not under the influence of drugs or alcohol.	<input type="text"/>

4. Declarations & Signatures

By signing below, you acknowledge that you have received the visitor safety induction and agree to adhere to all site safety rules.

Visitor Signature (Sign on Print):	<input type="text" value="Sign on printed copy"/>
Site Host Signature (Sign on Print):	<input type="text" value="Sign on printed copy"/>

Induction Date:	<input data-bbox="475 85 933 129" type="text" value="DD/MM/YYYY"/>
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