

# HEALTH AND SAFETY TRAINING PLAN AND REGISTER



Company name:

Worker name:

Induction completed by:

Induction received:

Induction date:

Yes  No

**Training Register** - Below is a list of relevant tasks and equipment that poses potential risk to health and 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 and ensure appropriate training is received. Once the worker is competent, tick off the task.

Note: Training types - Formal eg. online course - Informal eg. trained by internal manager

### Tasks

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

**Training received:**

Formal  Informal

Date training received:

Assessed as competent by:

**Competent to use/perform unsupervised:**

Yes  No

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

**Training received:**

Formal  Informal

Date training received:

Assessed as competent by:

**Competent to use/perform unsupervised:**

Yes  No

**Office Ergonomics:** eg work station design

**Training received:**

Formal  Informal

Date training received:

Assessed as competent by:

**Competent to use/perform unsupervised:**

Yes  No

**Stacking Materials:** eg working on platforms

**Training received:**

Formal  Informal

Date training received:

Assessed as competent by:

**Competent to use/perform unsupervised:**

Yes  No

**Managing Stress/Workload:**

**Date training received:**

**Assessed as competent by:**

**Task:**

**Date training received:**

**Assessed as competent by:**

**Task:**

**Date training received:**

**Assessed as competent by:**

**Task:**

**Date training received:**

**Assessed as competent by:**

**Task:**

**Date training received:**

**Assessed as competent by:**

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Equipment**

**Photocopier:**

**Date training received:**

**Assessed as competent by:**

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Cutting Equipment/Guillotine:**

**Date training received:**

**Assessed as competent by:**

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Appliances:** eg. laminator, kitchen appliances etc

**Date training received:**

**Assessed as competent by:**

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Equipment:**

**Date training received:**

**Assessed as competent by:**

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

**Equipment:**

**Date training received:**

**Assessed as competent by:**

**Training received:**

Formal  Informal

**Competent to use/perform unsupervised:**

Yes  No

