**TIMESHEET: All timesheets must be to the office by 1pm Monday. Email to: office@blaikierecruitment.co.nz**

|  |  |  |
| --- | --- | --- |
| Client Name:  |  | Employee Name:  |
|  |  |  |  |  |
| Address:  |  | Job Title:  |
|  |  |  |  |  |
| Report To:  |  | Week Ending Date:Sunday / / 2021 |  |

|  |
| --- |
| **RECORD OF HOURS WORKED** |
| **Date** | **Day** | **Time Start** | **Time Finish** | **Break** | **Total Hours Worked** |
|   | Mon |   |   |   |   |
|   | Tue |   |   |   |   |
|   | Wed |   |   |   |   |
|   | Thu |   |   |   |   |
|   | Fri |   |   |   |   |
|   | Sat |   |   |   |   |
|   | Sun |   |   |   |   |
|  |  |  |  | **Total Hours Overall:** |

Due to the constantly changing nature of temp work as part of our Health and Safety Management plan, we ask our employees to be aware of any new hazards. Please identify to our employees specific site hazards and any new hazards that occur on a DAILY basis (on back of this timesheet) If weekly induction meetings are held, please email office@blaikierecruitment.co.nz

**I confirm that the hours stated are correct, the work completed to my satisfaction and that a site specific induction has been completed**

**I have read and understood Blaikie Recruitment’s Terms of Business**

**I confirm that any changes of duties or working environment have been communicated to Blaikie Recruitment in accordance with Blaikie Recruitment’s Terms of Business**

**There is a minimum four hour charge per day. Hours are charged to the nearest quarter hour**

**Our payment terms are strictly seven (7) days**

**Supervisor’s Name and Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**I confirm this is a correct record of the hours worked and no injuries were sustained and I received a site specific induction.**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

*NB: Wages will not be paid until a timesheet has been signed by you and the client*

**TEMP HEALTH & SAFETY INDUCTION 2021**

A Health and Safety induction must be completed for all new temp workers before commencing work using either the Blaikie Recruitment Induction (this document) or where the client has their own Health and Safety Induction, this may also be used. Please ensure a copy is provided to Blaikie Recruitment immediately upon completion.

Temp Name:

Name of person carrying out the induction:

Client: (Company Name):

Induction Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description points** | **Yes** | **No** | **Comments** |
| Workplace/Location/Covid | General orientation of work area/Covid Scan |  |  |  |
| Where access is and not permitted |  |  |
| Where smoking is permitted (if applicable) |  |  |
| Location of toilets, hand washing facilities etc |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description points** | **Yes** | **No** | **Comments** |
| Hazard ID information | Hazard ID explained (show copy of hazard register) |  |  |  |
| How to report any new or unknown hazard  |  |  |
| Training records |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description points** | **Yes** | **No** | **Comments** |
| Accident/Safety incident (near miss) reporting procedures | How to report an accident or safety incident  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description points** | **Yes** | **No** | **Comments** |
| Emergency Procedures | Show/explain emergency procedures |  |  |  |
| Nearest first aid kit |  |  |
| Name of first aider  |  |  |
| Where to find the closest medical centre |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description points** | **Yes** | **No** | **Comments** |
| PPE  | Importance of wearing of PPE and its correct use |  |  |  |

|  |  |
| --- | --- |
| **Blaikie Recruitment temp worker** |  |
| Signature |  |
| Date: |  |

|  |  |
| --- | --- |
| **Person carrying out induction** |  |
| Signature |  |
| Position |  |
| Date |  |