

INDUCTION CHECKLISTS

Employee name			Telephone number				
Staff Number			Email				
Position			Department				
Start Date			Supervisor				
Over	✓						
General							
	Introduction, Code of Ethics.						
	General Department Function.						
	Supervision, Head of Department.						
	Facility, General Layout & Pantry.						
Condition of Employment							
	Hours of work, shift systems, on-call, breaks, Over-time.						
	Working time recording.						
	Leave entitlement, reporting in when sick, arrangements for requesting leave.						
	Uniforms, protective clothing.						
	Car leasing arrangements (if relevant).						
	Accommodation arrangements (if relevant).						
Compensation							
	Allowance, over-time, outstation						
	Off-in-Lieu Leave						
	Medical Card						



INDUCTION CHECKLISTS

Overview of Galaxy Aerospace (M) Sdn. Bhd.					
Galaxy Aerospace (M) Portal					
	Official Announcement				
	Claim & Payroll system in Portal				
Introduction to safety					
General					
	Safety Policy				
	Safety information relevant to the department				
	Safety Signs				
	Staff ID				
	Safety Personnel				
Emergency Response Plan					
	Emergency Evacuation Procedures				
	Emergency Assembly Point				
	Location and use of Firefighting Equipment				
	First Aider				
Rep	orting System				
	Accident and incident report				
	Assessing risks at work				
	"Whistle-blowing" in cases of harm and abuse				
Galaxy Aerospace (M) Portal					
	Official Announcement				
	Safety Card				
	MOC				



INDUCTION CHECKLISTS

Introduction to Quality							
General							
	Quality Policy						
	Company Approval	& Capabilities					
	Quality Personnel	Quality Personnel					
Reg	julatory Requireme	nts					
	□ Company Approval & Exposition						
	Training Program & Training Requirements						
Document and Data Control							
	Manual Handling						
	Data Protection and Freedom of Information						
Galaxy Aerospace (M) Portal							
	Official Announcement						
	E-QA Library						
 I hereby acknowledged and declare that: □ I am aware that organization policies are available to me. It is my responsibility to familiarize myself with the policies. □ I agree to conduct my activities in accordance with organization policies and understand that breaching these standards may result in disciplinary action. 							
	Name:	Date:					
	Signature:	Staff no.	:				