

## CONTRACTORS & TRUCKING OPERATORS INDUCTION FORM (Reviewed May 2026)

| Details                                                                    |                                                          |                                                                                                                           |                                                          |
|----------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Name                                                                       |                                                          | Date                                                                                                                      |                                                          |
|                                                                            |                                                          | Phone                                                                                                                     |                                                          |
| <b>Company</b>                                                             |                                                          |                                                                                                                           |                                                          |
| <b>Purpose of Visit</b>                                                    |                                                          |                                                                                                                           |                                                          |
| Have you received training from your employer specifically about our site? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <b>Do you feel confident to follow your employers training and Safe Operating Procedures in relation to the GDL site?</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

| Induction Topic                                                         |                                                                                                                                                                                                                                                                                             |                                                             | Inductee Initials |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------|
| <b>Emergency procedures</b>                                             | <i>I understand the GDL emergency procedure as per the Site Safety brochure. I understand the locations of fire extinguishers &amp; first aid kits on the GDL site.</i>                                                                                                                     | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Site rules</b>                                                       | <i>I understand the 15km site speed limit, the accepted area to smoke, the areas I am not authorised to enter, that I am not to be under the influence of drugs or alcohol, that I must not use my cell phone while driving &amp; the PPE requirements as per the Site Safety brochure.</i> | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Incident/Injury/Illness</b>                                          | <i>I understand I need to report all incidents to GDL for the inclusion in their incident register where applicable.</i>                                                                                                                                                                    | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Hazards and risks</b>                                                | <i>I understand I need to report hazards identified onsite for GDL to review and include in their register where applicable.</i>                                                                                                                                                            | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Safe work procedures (SOP)</b>                                       | <i>Would you like further training from GDL specifically relevant to our site?</i>                                                                                                                                                                                                          | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Personal protection equipment (PPE)</b>                              | <i>I understand where and when PPE is to be worn as per the Site Safety brochure.</i>                                                                                                                                                                                                       | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Health and Safety Policies and Procedures</b>                        | <i>I understand the GDL H&amp;S manual is located in their site office &amp; I know who the key site contacts are as per the Site Safety brochure.</i>                                                                                                                                      | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |                   |
| <b>Contractors</b> – what hazards (if any) are being brought onto site? |                                                                                                                                                                                                                                                                                             |                                                             |                   |

|                                   |  |             |  |
|-----------------------------------|--|-------------|--|
| <b>Inductee Name</b>              |  | <b>Sign</b> |  |
| <b>Reviewed &amp; Approved By</b> |  | <b>Sign</b> |  |