

**Check List for local placement Induction**

|  |  |  |  |
| --- | --- | --- | --- |
| **Placement area** |  | **Practice Placement Educator Name** |  |
| **Date** |  | **Signature** |  |

|  |  |  |
| --- | --- | --- |
| **Section** | **Confirmed (√ or x)** | **comments** |
| Toilets |  |  |
| Refreshment areas |  |  |
| Fire safety |  |  |
| Social media |  |  |
| First aid |  |  |
| Accident book |  |  |