

**INDUCTION PACK CHECKLIST**

**EMPLOYEES NAME:** .....**SENTINEL NUMBER**.....

**INDUCTION FORM COMPLETED**

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**EMPLOYEE HANDBOOK ISSUED**

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**MEDICAL SELF-CERTIFICATION FORM**

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**LITERACY & NUMERACY ASSESSMENT**

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**PERSONAL PROTECTIVE EQUIPMENT (PPE) REGISTER**

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**CONTRACT OF PRIMARY SPONSORSHIP**

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**By signing below you agree to having received the employee handbook (Company Policies), fully completed the self-certification form, Literacy & Numeracy Assessment and Personal Protective Equipment Issue Form.**

**Signed:** \_\_\_\_\_ **(employee)**

**Signed:** \_\_\_\_\_ **(Inductor)**

**Date induction/Re-brief completed:** \_\_\_\_\_

**The Contract of Primary Sponsorship still needs to be fully completed.**

INDUCTION FORM / RE-BRIEF FORM

**Employment**

- Job responsibilities  \_\_\_\_\_
- Job Description Issue  \_\_\_\_\_
- Working Hours  \_\_\_\_\_
- General attitude \_\_\_\_\_
- Working away \_\_\_\_\_
- Grievance procedure \_\_\_\_\_

**Health & Safety**

- Health & Safety policy  \_\_\_\_\_
- COSHH Assessments  \_\_\_\_\_
- Risk assessments  \_\_\_\_\_
- PPE requirements  \_\_\_\_\_

**Safety Critical Disciplines**

- Alcohol/Drugs Policy  \_\_\_\_\_
- Hours worked policy  \_\_\_\_\_
- Refusal to work Policy  \_\_\_\_\_
- Med. fitness limitations  \_\_\_\_\_
- Bribery Act Policy  \_\_\_\_\_
- Primary Sponsorship Contract  \_\_\_\_\_

**Environmental**

- Environmental policy  \_\_\_\_\_
- Env Emergency Brief / Spills  \_\_\_\_\_
- Env Impacts & Aspects  \_\_\_\_\_

**Quality Assurance**

- Quality Policy statement  \_\_\_\_\_
- QA Procedures  \_\_\_\_\_

**General (If applicable)**

- Care of tools / equipment \_\_\_\_\_
- Equipment storage \_\_\_\_\_
- Paperwork \_\_\_\_\_

**Basic Rail Safety Awareness**

- CIRAS Incident Reporting  \_\_\_\_\_
- Process & contacts  \_\_\_\_\_
- Accident reporting including  
Close Call & Near Miss
- Sentinel Scheme Rules  \_\_\_\_\_
- Issue / check of PTS handbook  
against latest version  \_\_\_\_\_
- Issue / check of PTS Work log
- Books against latest version  \_\_\_\_\_

**COMMENTS**

BY SIGNING THIS INDUCTION FORM YOU AGREE THAT YOU HAVE EITHER BEEN ISSUED OR BRIEFED AND MADE AWARE OF ALL OF THE ITEMS TICKED ABOVE AND UNDERSTAND THE CONTENT HEREIN. YOU ALSO CONFIRM THAT YOU HAVE BEEN ISSUED WITH AN EMPLOYEE HANDBOOK WHICH DETAILS ALL OF THE COMPANIES KEY POLICIES INCLUDING RAIL SPECIFIC POLICIES.

THIS INDUCTION PACK WILL BE UTILISED FOR THE ABOVE CONFIRMATION WHETEHER YOU ARE FULL TIME, PART TIME, SUB-CONTRACT, SELF-EMPLOYED, PRIMARY SPONSORED or SUB-SPONSORED (with the omission of the Primary Sponsorship Contract for Sub-sponsored individuals)

## MEDICAL SELF CERTIFICATION

Alertness and reasonable physical fitness are essential for duties which may interact with moving trains. It is, therefore, important to be accurate with your answers to this questionnaire, although trivial matters should be ignored (e.g. transient dizziness while gardening two years ago). **When you declare NO, you are accepting a degree of responsibility for your safety.**

**Please study this list and sign the declaration at the bottom:**

		YES	NO
1	Do you have Diabetes needing Insulin?		
2	Do you suffer from Epilepsy or fits?		
3	Have you ever had blackouts, recurrent dizziness or any condition, which may cause sudden collapse or incapacity?		
4	Do you get discomfort or pain in the chest or shortness of breath on exercise, e.g. climbing a single flight of stairs?		
5	Do you have difficulty in moving rapidly over short distances, including on slopes, steps or rough ground?		
6	Would you have difficulty in looking over either shoulder?		
7	Would you have difficulty working in out-door open areas?		
8	Would you have difficulty working in enclosed spaces?		
9	Would you have difficulty working above head height (e.g. using ladders or maintenance platforms)?		
10a	Do you have difficulty with your eyesight?		
10b	If "yes to 10a, do you wear spectacles/ contact lenses?		
10c	Do you have difficulty in correctly identifying colours?		
11	Do you have any difficulty with your hearing?		
12	Are you taking any medication that is giving you dizziness or drowsiness?		
13	Have you used, or abused, drugs within the last 12 months?		
14	Have you had any alcohol-related illness during the last 12 months?		
15	Have you had any issues with regards to any form vibration at work (HAVS)		

YES – One or more of the above applies to me    NO – None of the above applies to me

I will inform Role Recruitment of any change to my health which may affect my ability to perform my duties.

Action to be taken by Role Recruitment (Office Only):

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## LITERACY & NUMERACY ASSESSMENT

PLEASE FILL IN BOX 1 WITH YOUR FULL NAME, ADDRESS, POST CODE AND DATE OF BIRTH.

BOX 1.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

USING THE PHONETIC ALPHABET PROVIDED IN BOX 2 BELOW, PLEASE COMPLETE THE QUESTION IN BOX 3.

BOX 2.

A – ALPHA	H – HOTEL	O – OSCAR	V – VICTOR
B – BRAVO	I – INDIA	P – PAPA	W – WHISKEY
C – CHARLIE	J – JULIET	Q – QUEBEC	X – XRAY
D – DELTA	K – KILO	R – ROMEO	Y – YANKEE
E – ECHO	L – LIMA	S – SIERRA	Z – ZULU
F – FOXTROT	M – MIKE	T – TANGO	
G – GOLF	N – NOVEMBER	U – UNIFORM	

BOX 3.

EXAMPLE:- KEVIN = KILO, ECHO, VICTOR, INDIA, NOVEMBER

DAVID – \_\_\_\_\_

JOHN – \_\_\_\_\_

BOX 4.

PLEASE COMPLETE THE FOLLOWING SUMS:

1.)  $5 \times 7 =$  \_\_\_\_\_

2.)  $14 + 5 - 8 =$  \_\_\_\_\_

3.)  $\frac{1}{4} + \frac{3}{4} =$  \_\_\_\_\_

4.)  $(10 \times 2) + (11 - 3) =$  \_\_\_\_\_

**PERSONAL PROTECTIVE EQUIPMENT (PPE) ISSUE FORM**

**Name:**

**PTS / ID Number:**

<b>Network Rail Approved PPE Issue Description – Plus Colour</b>	<b>Issue Date</b>	<b>Expiry Date</b>	<b>Equipment Standard</b>	<b>Signature of Issuer</b>
Hi-Vis Leggings		N/A		
Hi-Vis Top		N/A		
Safety Boots		N/A		
Safety Helmet (White / Blue)				

I confirm receipt/possession of the PPE described and that I will wear it in the correct manner and observe all relevant care instructions.

Any PPE issued by the company remains the property of the company and must be returned on leaving the company (Failure to do so will result in you incurring the full cost of the item).

**PPE MONITORING FORM**

Network Rail Approved PPE	Date checked	Suitability for use ✓ / x	Comments & Currently EN Standard	Signature of person checking
Hi-Vis Leggings				
Hi-Vis Top				
Safety Boots				
Safety Helmet (White / Blue)				

## CONTRACT OF PRIMARY SPONSORSHIP

The following statements set out the particulars of the main terms and conditions on which you are to be sponsored as a Primary Sponsor by Role Recruitment (hereafter called The Company) as required by current Sentinel Scheme Rules & Network Rail regulations. In addition to this Contract of Sponsorship you are required to read and understand your responsibilities under the New Sentinel Scheme Rules which will be issued to you either as a new induction or as part of a re-induction / re-brief by the company.

### 1) Responsibilities of the Primary Sponsor (The Company)

The company confirms that we are responsible for, but not limited to:

- Monitoring and management of your working hours. Shifts worked with Sub-Sponsors must also be considered in the monitoring of working hours and the management of fatigue.
- Agreeing any sub-sponsorship arrangements with yourself and to grant permission if appropriate to any Sub-sponsor to use their resources where appropriate. (either chargeable or free of charge)
- Enacting the Local Investigation process where any suspected breach of the Sentinel Scheme Rules becomes apparent, including the collating of information from Sub-sponsors to enable conclusion of the Local Investigation.
- Maintaining records of Local Investigations and requesting a Formal Review where a Scheme Outcome is recommended following a Local Investigation.
- Providing a reason for de-Sponsoring an Individual.
- The provision of suitable PPE, in accordance with our defined PPE procedures.
- Conducting a Local Investigation before de-Sponsoring an Individual for any breach of the Sentinel Scheme Rules.
- Collating and maintaining all records associated with the Contract of Sponsorship of an Individual in line with the Sentinel Management System requirements.
- Requesting a temporary Suspension pending the conclusion of Local Investigation where appropriate.
- Providing the Safety Critical Equipment required to enable you to undertake your competencies trackside and ensuring that it is fit-for-purpose, in accordance with the Sentinel Management System.
- Maintaining all records associated with any works undertaken by you on NRMI, as is required by the Sentinel Management System.
- Maintaining a minimum contracted insurance level for works undertaken by you.

### 2) Responsibilities of the Individual (i.e.; The Cardholder – you)

You as the individual card holder confirm that you are responsible for, but not limited to:

- You shall carry your Sentinel Smart Card at all times while working on NRMI and will co-operate with the company to ensure the personal information held in the Sentinel Scheme Database and printed on the Sentinel Smart Card remains accurate and up-to-date at all times.
- You shall follow the rules of personal accountability for working safely on NRMI, including compliance with the Lifesaving Rules.
- You shall notify the company of any changes in circumstance including health issues, that may require us to take action to ensure your continued fitness for working trackside;
- You have a responsibility to manage your Sponsor relationships at all times when working on the NRMI and a responsibility to:
  - ✓ Know the identity of your Primary Sponsor.
  - ✓ Know which Sub-Sponsor you are working for. (when you are not working for the company)
  - ✓ Provide the correct name of the Sponsor you are working for when booking into site.
  - ✓ You are required to notify the company if you no longer wish to be sponsored by us so you can be de-sponsored. Change of sponsorship can then be requested online through My Sentinel.
- You can access your personal records on the Sentinel Scheme Database. This can be requested from the company, or by direct access to the My Sentinel area of the Sentinel website.

### 3) Ten Point Company Confirmation Checklist

The company confirms that we will carry out the following

1	Issue a valid Sentinel Smart Card and the Current/Latest version of the Sentinel Scheme Rules.	✓
2	Conduct an induction briefing which will include the rules and responsibilities of the Sentinel Scheme.	✓
3	Issue suitable PPE, marked as to identify the company and provide suitable training on the use of PPE.	✓
4	Conduct regular briefings on changes to standards, Rule Book and Sentinel Scheme Rule update.	✓
5	Initial & Ongoing Training and Assessment to ensure competence at required intervals.	✓
6	Provide Safety Critical Equipment to undertake your role (jointly if appropriate with any Sub-sponsor)	✓
7	Provision of personal issue information such as handbooks, logbooks and relevant information.	✓
8	Advise, guide or instruct on any restrictions based on medication and other medical fitness issues.	✓
9	Provide “Mentoring” support to develop your competence level	✓
10	Clear contractual arrangements agreed and confirmed by this Primary Sponsor Contract	✓

**4) Health & Safety:**

**The Company:** Regardless of which employment status identified and confirmed above, the Company commits to completely fulfilling our role as “Employer and Primary Sponsor” of you for the purposes of Health and Safety legislation.

**The Individual (You):** You have a personal responsibility to comply with health and safety rules including, but not limited to:

- You shall not undertake or attempt to report for duty, if you have worked on NRMI within the preceding 12 hours (sometimes referred to as double-shifting), unless a risk assessment is conducted by the company and suitable controls have been agreed and implemented.
- You shall not exceed the maximum working hours determined by law, Network Rail requirements or the company.
- You have a responsibility to ensure you are fit for work, not fatigued by excessive travel, and not under the influence of drugs or alcohol. You shall report anything that may affect your ability to work safely including medication, lack of equipment or personal circumstances.
- You must report for duty with the appropriate Personal Protective Equipment (PPE) to enable you to undertake their duties.
- You shall not undertake a task for which you are not competent, do not have the right equipment or the relevant information or local knowledge to complete safely.
- You shall act in a safe manner at all times when on NRMI, and report any incident, close call or breach of the Sentinel Scheme Rules you are aware of.
- You shall always carry your Sentinel card when on NRMI.

**5) Contractual relationship:**

The company who “upon signature and confirmation of these particulars” by yourself are to become your “Primary Sponsor” on the New Sentinel Scheme System for Rail related work.

**The company confirms that you are currently:**

- a) Directly employed (Full Time)
- b) Directly employed (Part-time or Temporary)
- c) Self employed
- d) Sub-contracted

**The company confirms the following:**

- a) We are prepared to allow you to be Sub-sponsored (Free of Charge)
- b) We are prepared to allow you to be Sub-sponsored (Chargeable to Sub-sponsor)
- c) We are not prepared to allow you as an individual to be sub-sponsored

If either a) or b) are confirmed above then the company confirms that we will not will not unduly withhold or deny permission to become sub-sponsors of you as an individual if you express this interest and that the appropriate company requests the company’s permission formally in writing.

By signature below, both you as “The Individual” and us as “The Company / Primary Sponsor” agree to adhere to the contents herein of this Primary Sponsorship Contract and confirm that the contents has been read and fully understood and that the content is agreed.

<p><b>The Individual:</b></p> <p><b>Individuals Name:</b> _____ <b>Signature Individual:</b> _____ <b>Dated:</b> _____</p> <p><b>Company / Primary Sponsor Details:</b></p> <p>Primary Sponsor Name: _____ Signature Sponsor: _____ Dated: _____</p>
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