

[Company Letterhead/Logo]

[Date]

[Recipient Name]

[Recipient Title/Agency Name]

[Recipient Address]

Subject: Verification of Health and Safety Induction

To Whom It May Concern,

This letter serves to formally verify that the following temporary worker has successfully completed the mandatory Health and Safety Induction at [Company Name].

Worker Name: [Worker Full Name]

Induction Date: [Date of Induction]

Position/Department: [Department Name]

The induction program covered the following essential areas:

- Workplace Health and Safety (WHS) Policies and Procedures
- Emergency Evacuation Procedures and Assembly Points
- Hazard Identification and Risk Reporting
- Personal Protective Equipment (PPE) Requirements
- Incident and Injury Reporting Protocols
- Location of First Aid Kits and Qualified First Aiders

The worker has demonstrated an understanding of these safety requirements and has agreed to comply with all site-specific safety regulations during their tenure.

Should you require any further information, please contact the undersigned.

Sincerely,

[Signature]

[Printed Name]

[Title, e.g., Safety Officer/HR Manager]

[Phone Number]

[Email Address]