

Common Induction Standards – Progress Log
Standard Eight – Health and Safety in an Adult Social Care Setting

CIS Ref	Workbook Question Number	Outcome Referred		Outcome Met	
		Details of further action required	Date further action met	Signed <i>(Manager/Supervisor/Trainer)</i>	Date
8.1.1 8.1.2 8.1.3 8.1.4 8.1.5 WS	1				
8.1.1 8.1.2 8.1.3 8.1.4 8.1.5 WS	2				
8.1.1 8.1.2 8.1.3 8.1.4 8.1.5	3				
8.1.1 8.1.2 8.1.3	4				
8.2.1 8.2.2 WS	5				
8.3.1 8.3.2 8.3.3	6				
8.3.1 8.3.2 8.3.3	7				

CIS Ref	Workbook Question Number	Outcome Referred		Outcome Met	
		Details of further action required	Date further action met	Signed <i>(Manager/Supervisor/Trainer)</i>	Date
8.3.1 8.3.2 8.3.3	8				
8.4.1 8.4.2 8.4.3 WS	9				
8.4.1 8.4.2 8.4.3 WS	10				
8.4.1 8.4.2 8.4.3	11				
8.5.1 8.5.2 8.5.3	12				
8.6.1 8.6.2	13				
8.7.1 8.7.2 8.7.3 8.7.4 8.7.5	14				
8.7.2 8.7.3	15				

CIS Ref	Workbook Question Number	Outcome Referred		Outcome Met	
		Details of further action required	Date further action met	Signed <i>(Manager/Supervisor/Trainer)</i>	Date
8.7.1 8.7.2 8.7.3 8.7.4 8.7.5	16				
8.7.1 8.7.2 8.7.3 8.7.4 8.7.5 WS	17				
8.7.1 8.7.2 8.7.3 8.7.4 8.7.5 WS	18				
8.7.1 8.7.2 8.7.3 8.7.4 8.7.5	19				
8.8.1 8.8.2	20				
8.8.1 8.8.2	21				
8.8.1 8.8.2 WS	22				

CIS Ref	Workbook Question Number	Outcome Referred		Outcome Met	
		Details of further action required	Date further action met	Signed <i>(Manager/Supervisor/Trainer)</i>	Date
8.9.1 8.9.2	23				
8.9.1 8.9.2	24				
8.10.1 8.10.2 8.10.3	25				
8.11.1 8.11.2 8.11.3 8.11.4	26				
8.11.1 8.11.2 8.11.3 8.11.4	27				
8.11.1 8.11.2 8.11.3 8.11.4	28				
8.11.1 8.11.2 8.11.3 8.11.4	29				

CIS Ref	Workbook Question Number	Outcome Referred		Outcome Met	
		Details of further action required	Date further action met	Signed (Manager/Supervisor/Trainer)	Date
8.11.1 8.11.2 8.11.3 8.11.4	30				
8.11.1 8.11.2 8.11.3 8.11.4	31				
8.11.1 8.11.2 8.11.3 8.11.4	32				

WS = Workplace Specific

Line Manager/Supervisor/Trainer Standard Eight Sign Off

I can confirm that the learner has met all the requirements of this standard and the evidence provided is valid, authentic, reliable, current and sufficient.

Line Manager/Supervisor/Trainer Name:	
Line Manager/Supervisor/Trainer Signature:	
Date:	