

Farm safety training checklist

Power tools

Bench and pedestal grinder

Date completed: _____

NOTES:

Band saw

Date completed: _____

NOTES:

Miter saw

Date completed: _____

NOTES:

Drill press

Date completed: _____

NOTES:

Power cords and plug ends

Date completed: _____

NOTES:

Hand grinder

Date completed: _____

NOTES:

Table saw

Date completed: _____

NOTES:

Cut-off saw

Date completed: _____

NOTES:

Planer

Date completed: _____

NOTES:

Access to electrical panel

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Ladders

Self-supporting

Date completed: _____

NOTES:

Non-self-supporting

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Welding

Gas welding

Date completed: _____

NOTES:

Arc welding

Date completed: _____

NOTES:

Personal protective equipment

Date completed: _____

NOTES:

Gas cylinder storage

Date completed: _____

NOTES:

Power service

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Housekeeping

Spill kit

Date completed: _____

NOTES:

Equipment

Date completed: _____

NOTES:

Floor and surfaces

Date completed: _____

NOTES:

Maintenance/housekeeping schedule

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

First aid

First aid kit

Date completed: _____

NOTES:

Eye wash station

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Storage

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Fire extinguishers

Monthly check

Date completed: _____

NOTES:

Yearly check

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Solvents and parts washing

Solvents

Date completed: _____

NOTES:

Parts washing

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Compressed air

Appropriate nozzles

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Impact tools

Hammers

Date completed: _____

NOTES:

Chisels

Date completed: _____

NOTES:

Punches

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Lifting equipment

Blocks

Date completed: _____

NOTES:

Jacks

Date completed: _____

NOTES:

Hoists or cranes

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Structural considerations

Wiring

Date completed: _____

NOTES:

Lofts and edges

Date completed: _____

NOTES:

Ventilation

Date completed: _____

NOTES:

Stairs

Date completed: _____

NOTES:

Walking surfaces

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

PPE (personal protective equipment)

Hearing protection

Date completed: _____

NOTES:

Face protection

Date completed: _____

NOTES:

PPE evaluation

Date completed: _____

NOTES:

Eye protection

Date completed: _____

NOTES:

Clean and ready to use

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:

Chain saw

Chain brake and overall condition

Date completed: _____

NOTES:

PPE including leg protection

Date completed: _____

NOTES:

Other

Date completed: _____

NOTES:
