Safety training checklist for the agriculture business

Employee's name:	
Job assignment:	
Date of hire:	
New employee Transfer Rehire _	ReorientationOther (specify)
attention to the areas in which you will work. We we use the tools and equipment you will operate. The and only way to work. We don't rely on common see	, we will guide you through the facilities, giving special ill explain and demonstrate how to properly and safely demonstrations and explanations will display the safe ense here, because we know everyone has different ags on our farm, we are going to review the following
Safety program ☐ Read and review safety policy and rules. ☐ Explain how to report unsafe practices or conditions. ☐ Identify who is on safety committee and their role. ☐ Report all accidents, injuries, and incidents (no matter how minor) to your supervisor/ foreman immediately. ☐ Location of central information and SDS	Required personal protective equipment (PPE) Review how to obtain, care for, and use: eye and face protection, head protection, hand/leg/foot protection, chemical/pesticide protection, ear protection, and respiratory protection. Provide instruction in:
Emergency action plan and first aid Procedures for reporting a fire or other emergency Fire prevention plan Procedures for emergency operation or shut down of critical equipment Explain how to get treatment. Show location(s) of first aid supplies, equipment, and facilities. Introduce first-aid-trained people. Identify decontamination site locations Personal work habits Clean work area after each job. Review manual lifting rules.	Hazard identification/JHA Hazard communication requirements Lockout/Tagout requirements Ladder use Fall protection Respiratory protection requirements Hearing loss prevention Employee access to OSHA 300 log Confined spaces entry Machinery/tractor operation ATV use Irrigation safety Driving policy Livestock safety Chainsaw safety Worker Protection Standard Restricted-entry information during chemical/pesticide application
Employee's signature	Date
Supervisor/manager's signature	

Safety training survey

Employee's name:	
Job assignment:	
Were you given a safety orientation before you began work?	
Who gave you your orientation?	
When do you report accidents and incidents?	
To whom do you report accidents and incidents?	
Who is the safety committee member closest to your work area/position?	
Where are employee first aid supplies located?	
Who is trained in first aid in your area?	
To whom do you report possible fire producing situations?	
Where is the exit nearest to your work position?	
Where is the best alternate exit if the nearest one is blocked?	
Where are the SDS's located at your work site?	
What personal protective equipment (PPE) must you wear? (List which tasks would require PPE.)	
What three things need to be remembered when lifting anything?	
List seven safety rules and expectations for our farm:	
1	
2	
3	
4	
5	
6	
7	
Follow up date: at: 30 days 60 days 90 days	
Notes:	