

AGRICULTURE EMPLOYEE SAFETY ORIENTATION CHECKLIST

Instructions: Each employee will receive a safety orientation before beginning work. It is also recommended to review these elements on a periodic basis or when procedures and work tasks change. Please check each item that was covered in the orientation. Employees will sign this form once all items have been covered and all questions have been answered satisfactorily.

The employee (name) _____ has been:

- Informed about elements of the written safety program that outline the company's safety efforts.
- Informed about [*insert frequency, e.g. monthly, weekly, bi-weekly*] crew safety meetings.
- Told to report all hazards to her/his supervisor and shown how to do this.
- Informed about all machinery hazards and if < 18 years of age, instructed about prohibited duties
- Informed of and trained on what do if a chemical hazard exists, such as pesticides. Includes training requirements such as how to read a label and precautions to take when using chemicals.
- Informed about all other hazards and ways to protect themselves (using ladders, heavy lifting, etc.).
- Educated on the company's Emergency Response Plan, informed about their role(s) in an emergency situation and told who to contact in an emergency.
- Educated about the risk of disease transmission from animals and how to reduce the risk (e.g. handwashing, use of personal protective equipment).
- Told to report all injuries and shown how to do this according to the company's Incident Policy and using the Incident Report form.
- Shown where the first-aid supplies are located and who to call for first-aid assistance.
- Shown where all fire extinguishers are located and instructed in the correct operation of them.
- Trained on the safe methods to perform the specific job(s) the employee was assigned, including training about any hazards associated with that job.
- Informed on who to contact with questions, when they have doubts or concerns about a situation/hazard, or when they need additional information or instructions.

✓ Initial job assignment: _____

✓ Initial formal training given: _____

The signatures below document that the above orientation was completed on the date listed. Both parties accept responsibility for maintaining a safe and healthful work environment.

Date: _____ Supervisor: _____

Date: _____ Employee: _____