

Horticulture Farm Equipment Safety Training Checklist

Name:	Department:	
Job Title:	Supervisor:	
Equipment Safety Training		Date Completed
1. Hand & Power Tools (ORCBS online training)		
	Refer to chart in Hort. Farm shop for appropriate PPE	
2. Ladder Safety - (ORCBS online training)		
	Step ladders and orchard ladders	
3. Small Engine Power Equipment		
	Refer to chart in Hort. Farm shop for appropriate PPE	
4. Non-Regulated Vehicles - (ORCBS online training)		
	A. Gators – 10 minute online video - performance evaluation B. Skid Steer - see handout C. Golf Cart	
5. Trucks & Trailers		
	Employee Driver Certification; completed and returned to Horticulture Department office, updated annually	
	Medical Examiner's <i>Certificate</i> for 1 Ton Truck or trailers over 10,000 GVWR from Olin Health Center: Copy of certificate on file in farm office. Call 353-9137 to schedule an appointment.	
	Trailers: know requirements for securing loads	
6. Tractors (ORCBS online training)		
	(2) Videos (33 min) plus test.	
	Performance evaluation: level 1 ____ or level 2 ____ Contact farm manager to complete the on-site evaluation	
	Medical <i>questionnaire</i> completed and returned to Occupational Health, Olin Health Center	
	Permit issued by ORCBS after online training, medical questionnaire and performance evaluation is done. Must carry permit while operating equipment.	
7. Forklift - Power Industrial License (ORCBS online training)		
	Medical Examiner's <i>Certificate</i> from Olin Health Center: Copy of certificate on file in farm office. Call 353 – 9137 to schedule an appointment. Must carry while operating equipment.	
	Practical driving test	
8. Mowers & Tillers		
	Contact farm manager to complete on-site evaluation.	
9. Lock-Out/Tag-Out Procedures (equipment repair and electrical)		
	ORCBS online training & farm procedures	
10. Fueling Procedures - (restricted to Hort. Farm staff) – see farm manager for special needs		

In the event of a medical emergency, please contact:

Name: _____

Relationship: _____

Home phone: _____

Work Phone: _____

Employee Signature

Date

Trainer or Farm Manager Signature

Date