Check off each item as it is discussed or completed with the student employee. Mark NA for any items not relevant to the employees work tasks.

☐ Provided access to OSU CFAES Safety Program. [https://agsafety.osu.edu/programs/cfaes-osha](https://agsafety.osu.edu/programs/cfaes-osha)

☐ Orientated on the Emergency Action Plan for the location or emergency procedures in the field.


☐ Shown how and where to access Safety Data Sheets and safety manuals.

☐ Orientated on how to properly read and understand printed instructions.

☐ Safety Data Sheets
☐ product labels
☐ safety manuals
☐ signage

☐ Instructed on EPA Worker Protection Standards. ☐ Worker ☐ Handler

☐ Given a review of proper lifting and carrying precautions in order to prevent neck, back, shoulder injuries.

☐ Given a review of any electrical safety protocols:

☐ Breaker Boxes
☐ Wiring
☐ Outlets
☐ Other

☐ Reviewed on equipment hazards and warning labels:

☐ Wrap Points
☐ Cut Points
☐ Pinch Points
☐ Crush Points
☐ Burns
☐ Stored Energy
☐ Thrown Objects
☐ Free Wheeling Parts

☐ Reviewed on proper operation of large machinery and provided operational instruction:

☐ Tractors
☐ ROPS
☐ Skid Loader
☐ PTO Mowers
☐ Wagons
☐ Combine
☐ Other

☐ Given a review and instruction on proper operation of smaller equipment:

☐ Lawn Mower
☐ Zero Turn Mower
☐ Utility Type Vehicle
☐ Lifts (ariel /platform)
☐ Other

☐ Given a review and demonstration of proper use of hand operated power equipment:

☐ Chainsaw
☐ String Trimer
☐ Table Saw
☐ Drills
☐ Pneumatic Equipment
☐ Other

☐ Given instruction on safe ladder use and/or fall protection.

☐ Trained on the symptoms of heat related illness – and to report it immediately for yourself or others.

☐ Trained on appropriate fire prevention and fire safety protocol.

☐ Given a demonstration / has access and knows how to use an eye wash station / safety shower.

☐ Shown where to locate a first aid kit and how to properly use its contents.
☐ Instructed on sun safety and/or use of sun screen.

☐ Trained on when and how to access emergency numbers:
   ____911____ PoisonControl______MedicalCare______Supervisor

☐ Given personal protective equipment (PPE) and trained on how to use and care for it. PPE required for this job: [https://agsafety.osu.edu/programs/cfaes-osha/personal-protective-equipment-ppe](https://agsafety.osu.edu/programs/cfaes-osha/personal-protective-equipment-ppe)
   ____Safety Glasses
   ____Hearing Protection
   ____Dust mask / N95 / Respirator: ________________________________
   ____Gloves: Type: ________________________________
   ____Other: ________________________________ ________________________________
   ____Other: ________________________________ ________________________________

☐ Shown proper process for reporting damaged or faulty equipment.

☐ Given a review on animal safety practices:
   [https://agsafety.osu.edu/programs/cfaes-osha/livestock-handling-safety](https://agsafety.osu.edu/programs/cfaes-osha/livestock-handling-safety)
   ____Moving animal from one area to another
   ____Proper lead rope, bridle, saddle cinching techniques
   ____Prevention and reporting of needle stick injuries
   ____Potential exposure to animal borne (zoonotic) illness
   ____Fight/flight zones
   ____Other: ________________________________ ________________________________
   ____Other: ________________________________ ________________________________

☐ Additional formal training required to do his/her job such as handling of sharps, forklift operation etc….

Initial training given:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Additional Notes:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

SAFETY ORIENTATION
The signatures below document that the above orientation was completed on the date below.
Both parties accept responsibility for keeping our workplace safe and healthful.

(Employee): ____________________________________________ (Date): ______________________

(Supervisor): ____________________________________________ (Date): ______________________