

# Farm Science Review Tractor Safety Training Certification Form

The College of Food, Agricultural and Environmental Sciences promotes and practices safety on the farm and in the field. Operation of a tractor / agricultural equipment must be done in a safe manner to prevent injury to the operator or pedestrians in the area; and to prevent damage to property during operation. Safe operation of an agricultural tractor must be covered in the operator training.

Once properly instructed, the tractor operator must assume responsibility for his or her safety on the tractor and each tractor operator will sign a form indicating completion of training. Employees (permanent or student) and non-employee students (who operate tractors as a course requirement) will receive initial training before being assigned to operate a tractor and will complete refresher training every year.

I do hereby acknowledge on \_\_\_\_\_ (Date) I completed the Ohio State University, College of Food, Agricultural and Environmental Sciences "Tractor Safety Training" course specific for Farm Science Review from \_\_\_\_\_ (Instructor) and I agree to comply with the OSU CFAES Policy and safety training procedures.

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_

Print \_\_\_\_\_ Signature \_\_\_\_\_