

Farm Worker Safety Checklist

Personal Protective Equipment (PPE)

Ensuring proper PPE is used and maintained for all tasks.

Hard Hat Condition	
Hard Hat Condition	
Good Damaged - Replace	
Not Used/Available	
Not Osed/Available	
Eye Protection (Goggles/Face Shield)	
Used	
Not Used	
Not Required	
Gloves Type	
Nitrile	
Rubber	
Leather	
Not Required	
Gloves - Remaining Pairs (if applicable)	
Enter a number	

Hearing Protection (Earplugs/Muffs)	
Used	
☐ Not Used	
■ Not Required	
PPE Inspection Photo (if issues found)	
♣ Upload File	
Notes on PPE Condition or Issues	
Write something	
write something	
Equipment Operation	
afe operation of tractors, machinery, and other equipment.	
Tractor Operating Hours	
Enter a number	1
Essive DDM at talls	
Engine RPM at Idle	
Enter a number	

Tire Condition (Front) Good Fair Poor
Tire Condition (Rear) Good Fair Poor
Last Maintenance Date Enter date
Maintenance Notes/Observations Write something
Hydraulic Fluid Level Enter a number
Brake System Check Pass Fail

Hazard Communication

Understanding and responding to hazardous materials and situations. SDS Location(s) - List all locations where Safety Data Sheets (SDS) are kept.

Write something	
SDS Review Frequency Monthly Quarterly	
Mhich Hazardous Materials are Present on the Farm?	
Pesticides Fertilizers	
Herbicides Fuel	
Solvents Other (Specify in LONG_TEXT)	
If 'Other' Hazardous Material Selected, Please Specify:	
Write something	
Quantity of Pesticide in Stock (Estimate):	
Enter a number	

Last SDS Review Date:

Enter date...

Emergency Procedures

Knowledge and preparedness for accidents and emergencies.

Briefly describe the emergency (e.g., injury, fire, equipment failure)

Write something...

Exact Location of Incident

Set My Current Location



Number of Individuals Involved

Enter a number...

Type of Emergency Response Needed
First Aid
Fire Department
Ambulance
Police
Other
Date of Emergency
Enter date
Time of Emergency
Equipment/Resources Used During Response
First Aid Kit
Fire Extinguisher
Radio
Cell Phone
Other Other
Signature of Person Reporting Emergency

Working Conditions

Monitoring and addressing environmental factors and ergonomic risks.

Humidity (%) Enter a number Noise Level (dB) Enter a number Lighting Adequacy Adequate Sufficient Insufficient Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments Write something	Enter a number	
Noise Level (dB) Enter a number Lighting Adequacy Adequate Sufficient Insufficient Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Humidity (%)	
Enter a number Lighting Adequacy Adequate Sufficient Insufficient Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Enter a number	
Lighting Adequacy Adequate Sufficient Insufficient Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Noise Level (dB)	
Adequate Sufficient Insufficient Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Enter a number	
Sufficient Insufficient Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Lighting Adequacy	
Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Adequate	
Ergonomic Hazards Observed Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments		
Repetitive Motions Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Insufficient	
Awkward Postures Heavy Lifting Vibration None Additional Observations/Comments	Ergonomic Hazards Observed	
Heavy Lifting Vibration None Additional Observations/Comments	Repetitive Motions	
☐ Vibration ☐ None Additional Observations/Comments		
None Additional Observations/Comments		
Additional Observations/Comments		
	None	
Write something	Additional Observations/Comments	
	Write something	

Training and Certification

Verification of required training and certifications for specific tasks.

Tractor Safety Training Completed? Yes No N/A
Last Pesticide Application Certification Date Enter date
First Aid/CPR Certified? Yes No N/A
Number of Hours of Machinery Operation Training Enter a number
Next Certification Expiration Date Enter date

Specific Safety Courses Completed (Select all that apply) Lockout/Tagout Forklift Operation Confined Space Entry Grain Bin Safety
Upload Certification Document(s) Lupload File
Farm Vehicle Safety Safe operation and maintenance of all farm vehicles (ATVs, UTVs, trucks).
Last Vehicle Inspection Date
Enter date
Vehicle Odometer Reading
Enter a number
Vehicle Condition Excellent Good Fair Poor

Tire Condition
Good Tread
Fair Tread
☐ Low Tread
☐ Damaged
Brake Functionality
Working Properly
☐ Needs Adjustment
☐ Not Working
Tire Pressure (PSI)
Enter a number
Inspector Signature
Confined Space Entry Procedures and safety checks for entering confined spaces (silos, tanks).
Entry Date
Enter date
Entry Start Time

Write something	
Attendant Name	
Write something	
Reason for Entry	
Write something	
Oxygen Level (%)	
Enter a number	
Hydrogen Sulfide (H2S) Level (ppm)	
Enter a number	
Ventilation Status	
Adequate	
Insufficient Not Required	