

Orientation Checklist						
Name of Worker:						
Name of Supervisor:						
Date of Training:						
Skill	Observed		Competent		Supervisor Initials and Date	Action Date
	Yes	No	No indicates further training is required Yes No			
Handling Basics 1	Yes	No	Yes	No		
Handling Basics 2	Yes	No	Yes	No		
Trailer	Yes	No	Yes	No		
Gates	Yes	No	Yes	No		
Pasture Doctoring	Yes	No	Yes	No		
Roping	Yes	No	Yes	No		
Rough Country Riding	Yes	No	Yes	No		
Shoeing	Yes	No	Yes	No		
Other Notes:						

