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| **Ranch/Company:** |
| **Location/Site:** |
| **Contact:** |
| **Phone:** | **Email:** |
| **Topic** | **Primary Person Responsible** | **Date to Be Accomplished By** | **Date Completed** | **Comments** |
| **Hazard/Risk Identification** |  |  |  |  |
| **Orientations** |  |  |  |  |
| **First aid needs & assessments**  |  |  |  |  |
| **Tractor safety-mobile equipment**  |  |  |  |  |
| **Guarding** |  |  |  |  |
| **Animal handling** |  |  |  |  |
| **Confined space Awareness and resolutions** |  |  |  |  |
| **Work alone or in isolation** |  |  |  |  |
| **Workplace inspections** |  |  |  |  |
| **Pre-shift inspections** |  |  |  |  |
| **Safety meetings/tailgate meetings** |  |  |  |  |
| **Transportation of Workers** |  |  |  |  |
| **Emergency preparedness** |  |  |  |  |
| **Lockout** |  |  |  |  |
| **Fall protection** |  |  |  |  |
| **Safe work practices** |  |  |  |  |
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