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| **Varied tasks and causes for slips, trips & falls** |
| **Company:** | **Employee:** |
| **Task, Job or Situation** | **Date of Awareness Instruction or Demonstration & by whom** | **Date Task Instructed/ Observed & by whom**  | **Deemed aware or capable:** **With Supervision**(Date) | **Deemed Aware Capable/ Competent:****On Own Without Supervision**(Date) |
| Work on uneven ground |  |  |  |  |
| Work in shop |  |  |  |  |
| Mount/dismount tractor |  |  |  |  |
| Mount/dismount horse |  |  |  |  |
| Mount/dismount mobile equipment & vehicles |  |  |  |  |
| Work in varied weather conditions |  |  |  |  |
| Traverse stairs |  |  |  |  |
| Work on low level ladder |  |  |  |  |
| Walk, move, function in workspace |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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