|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |

**Disclaimer:** This resource is intended for guidance and employers are advised to customize this document or design their own to meet their business needs and legal obligations. Once customized from its original content this disclaimer may be removed to function as part of your Safety Program. This resource does not relieve persons using it from their responsibilities under applicable legislation. If you need assistance contact us at www.AgSafeBC.ca