

EMERGENCY CONTACT **INFORMATION FORM**



This information will be extremely important in the event of an accident or medical emergency.

(Last Name) (First Name) (Middle Name)

(Home #) : _____ (Cell #) : _____ (Email) : _____

(Street Name) (City) (State) (Zip Code)

Primary Emergency Contact Information

(Last Name) (First Name) (Relationship)

(Home #) : _____ (Cell #) : _____ (Work #) : _____

Secondary Emergency Contact Information

(Last Name) (First Name) (Relationship)

(Home #) : _____ (Cell #) : _____ (Work #) : _____

(Preferred Local Hospital) : _____

(Insurance Company) : _____ (Policy #) : _____

Comments: include any special medical or personal information you would want an emergency care provider to know - or special contact information:



YOUNG EMPLOYEES SAFETY ORIENTATION

INSTRUCTIONS: Each employee (*16 years or older*) should be given a safety orientation **BEFORE** beginning work. This checklist documents that each item was explained to the employee. The supervisor is to place a check in each box after the item has been explained.

** The AgriSafe Young Advisors Council (AYAC) consists of youth across the country who advance AgriSafe's ability to improve the health and safety of young workers.*



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The employee _____ has been:
(Last Name) (First Name) (Middle Initial)

- Orientated on how to properly read and understand printed instructions (Safety Data Sheets, product labels, safety manuals and signage).
- Shown how and where to access Safety Data Sheets and safety manuals.
- Given a demonstration, has access and knows how to use an eye wash station.
- Instructed on OSHA and Worker Protection Standards.
- Given a review and demonstrated proper lifting and carrying precautions in order to prevent neck, back, shoulder injuries.
- Given instruction on safe ladder use and storage.
- Given a review of electrical safety protocol:
 - Breaker boxes
 - Wiring
 - Outlets
 - Other

- Reviewed on proper operation of large machinery and provided a demonstration:
 - Tractors
 - Roll Over Protection
 - Combines
 - Haybines
 - Wagons
 - Wheel blocks
 - Other
- Given a review and demonstration on proper operation of smaller equipment:
 - Skid loader
 - Lawn mower
 - Zero turn mower
 - All-terrain vehicle
 - Cherry picker
 - Other
- Given a review and demonstration of proper use of hand operated power equipment:
 - Chain saw
 - Table saw
 - Drills
 - Pneumatic equipment
 - Other

- Trained on the symptoms of heat related illness - and to report it immediately for yourself or others.
- Shown where to locate a first aid kit and how to properly use its contents.
- Trained on appropriate fire prevention and fire safety protocol.
- Trained on when and how to access emergency numbers:
 - 911
 - Poison control
 - Medical care
 - Supervisors
- Reviewed protocol for blood spills.
- Viewed the following AgriSafe webinars on the dates indicated below:
 - Say What **Date** _____
 - Keep Cool **Date** _____
 - Cover Up! **Date** _____
 - Stop Zoonosis **Date** _____

YOUNG EMPLOYEES SAFETY ORIENTATION QUESTIONNAIRE

- Given a review on animal safety practices:
 - Moving animal from one area to another
 - Proper lead rope, bridle, saddle cinching techniques
 - Prevention and reporting of needle stick injuries
 - Potential exposure to animal borne (zoonotic) illnesses
 - Fight/flight zones
- Shown where the designated play area for children is located, if appropriate.
- Shown proper process for reporting damaged or faulty equipment.
- Given personal protective equipment (PPE) and trained on how to use and care for it. PPE required for this job:

- Given access to sunscreen /sunblock.

- Additional formal training required to do his/her job such as proper lifting, forklift operation etc. Initial formal training given:

To report a work-related injury/illness, please contact:

(name) _____

(phone) _____

Any known allergies? If yes, please describe below:

The signatures below document that the above orientation was completed on the date below. Both parties accept responsibility for keeping our workplace safe and healthful.

(Employee) : _____ (Date) : _____

(Supervisor) : _____ (Date) : _____



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