

AgriTrust of Georgia

Safety Self-Evaluation

Company Name: _____

Person Completing Form: _____ Date Completed: _____

Nature of Business: _____

Operation: Year-Round Seasonal

Person Responsible for Safety: _____

Forms Posted/Completed

	Yes	No
Posted Panel of Physicians (min. 6, including 1 orthopedic & 1 minority)	<input type="checkbox"/>	<input type="checkbox"/>
Bill of Rights	<input type="checkbox"/>	<input type="checkbox"/>
Are Spanish or French Posted Panels and Bill of Rights Utilized	<input type="checkbox"/>	<input type="checkbox"/>
Post-Off-Of-Employment Medical Inquiry Completed On All Employees	<input type="checkbox"/>	<input type="checkbox"/>
Drug Testing Policies and Procedures Are Established	<input type="checkbox"/>	<input type="checkbox"/>

General Safety Program

	Yes	No
A formal safety committee/program is in effect?	<input type="checkbox"/>	<input type="checkbox"/>
General safety discussions held as needed?	<input type="checkbox"/>	<input type="checkbox"/>
Are safety topics pre-determined for regular safety meetings?	<input type="checkbox"/>	<input type="checkbox"/>
Safety meetings are held on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, how often? (*circle one*) Weekly Twice a Month Monthly Quarterly

Facility

	Yes	No
Steps Have Railings	<input type="checkbox"/>	<input type="checkbox"/>
Platforms/Walkways (Catwalks) have Rails 21" & 42" High	<input type="checkbox"/>	<input type="checkbox"/>
Adequate Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry Safety Policies in Place	<input type="checkbox"/>	<input type="checkbox"/>

	Excellent	Good	Fair	Poor
Facility Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ladders

	Yes	No
Extension Ladder used in Place of Permanent Ladder	<input type="checkbox"/>	<input type="checkbox"/>
Ladders Over 7' High have Cages	<input type="checkbox"/>	<input type="checkbox"/>

Fire Extinguishers

	Yes	No
Fire Extinguishers are Available	<input type="checkbox"/>	<input type="checkbox"/>
All Fire Extinguishers are Fully Charged	<input type="checkbox"/>	<input type="checkbox"/>

Electrical System

- Boxes Covered
- Bare/Exposed Wire or Cut Insulation
- Conduit with Physical Damage
- Drop cords used in Place of Permanent Wiring

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment

- Eye Protection
- Eye Washing Station
- Hearing Protection
- Hand Protection
- Breathing Respirators

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Machinery/Equipment

- Machinery Properly Guarded
- Lockout/Tag-out Program in Place
- Forklifts Operating in Course of Business
- Work Platforms (i.e. baskets & cages) being used with Forklifts
- Certified Operators on Forklifts
- Emergency Stop Switches Available and Present on All Equipment
- Visible Leaks

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Farm Equipment

- SMV Signs Present on Farm Equipment
- Visible Leaks from Equipment
- Regular Maintenance "Check Up" Performed on Equipment

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Plantation/Hunting Clubs

- Proper Safety Clothing Required (Blaze Orange)
- Required Hunting Safety Training for Guests
- "Warm Up" Shooting Sessions for Guests Prior to Hunting
- Alcohol Policy for Guests

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Seasonal

- Seasonal Employees
- Labor Brokers Used
- Multiple Business Locations
- If yes, Posted Panels and Bill of Rights Present at all Locations

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>