| Teacher/Parent/Employer Safety Assessment of Student's SAE | | | | | | |
|--|-----|----|------------------|--------------------|----------------|--------------------|
| Name: Worksite: | | | | Date: | | |
| | Yes | No | Level of Risk | Recommended Action | Target Date | Person Responsible |
| Phase 1: Pre- Work Assessment | | | | | | |
| Does student take job responsibilities seriously? | | | | | | |
| Is the student old enough to carry out assigned tasks safely? | | | | | | |
| Does student operate equipment (e.g. tractors, vehicles, forklifts, etc.)? | | | | | | |
| Does student interact directly with livestock? | | | | | | |
| Is student's supervisor present during work hours? | | | | | | |
| Does student check in with supervisor on a regular basis throughout the day? | | | | | | |
| Does student's supervisor always know where the student is? | | | | | | |
| Has student successfully completed a relevant training program? | | | | | | |
| Does student understand the inherent dangers of their work environment? | | | | | | |
| Was proper on-site training required by supervisor? | | | | | | |
| Does supervisor consistently enforce safety practices? | | | | | | |
| Phase 2: Working Condition Assessment | | | | | | |
| Is proper personal protective equipment worn when necessary? | | | | | | |
| Is student dressed appropriately for the type of work being done? | | | | | | |
| If student operates heavy equipment, does equipment have a ROPS? | | | | | | |
| Does equipment have proper safeguarding (e.g. Emergency shut offs, stop switches, guards)? | | | | | | |
| Phase 3: Injury Preparedness Assessment | | | | | | |
| Does student's workplace have an emergency protocol in place? | | | | | | |
| If so, does the student understand the emergency protocol? | | | | | | |
| Is student's supervisor trained in CPR or first aid? | | | | | | |
| Is any emergency medical equipment on site? (e.g. first aid kit) | | | | | | |
| Is there an emergency eyewash station on site? | | | | | | |
| Is there an emergency safety shower on site? | | | | | | |
| Does the student have access to all of the above listed items? | | | | | | |

Instructions: Answer each question with a check mark in the "yes" or "no" boxes. Then determine the level of risk (using the scale below) for each activity, based on your answer. If the level of risk is high, recommend actions to increase the student's safety. Include a date you would like the action completed by and who is responsible.

