

## SAFETY AUDIT CHECKLIST

**Directions:** This checklist will help identify potential hazards with your livestock handling equipment and facilities. Conduct the audit with your parents or project leader. Answer the questions by checking YES or NO. If the answer is YES, no further action is necessary. If the answer is NO, then a hazard may exist that should be corrected. Prioritize the level of risk represented by the hazard using the ranking terms of: Major, Serious, or Minor. Record the date the hazard is corrected and keep the checklist with your project records.

### Priority Levels for Identified Hazards:

**Major:** Potentially life-threatening or serious injury potential; requires immediate action.

**Serious:** Injury or property damage possible; requires prompt action.

**Minor:** Not likely to cause serious injury or property loss; correct the hazard during the off-season or during down time.

| ANIMAL HANDLING SAFETY   | Yes | No | Level of Priority | Date Corrected |
|--|-----|----|-------------------|----------------|
| Are steps and walkways roughened to prevent slips and falls?   |     |    |                   |                |
| Are walkways and aisles kept free of debris, manure, and feed?   |     |    |                   |                |
| Are animal drugs and barn chemicals kept in a secure area in original containers?                            |     |    |                   |                |
| Are pens, gates, and fences in good condition, without protrusions?  |     |    |                   |                |
| Do doors and gates open smoothly?  |     |    |                   |                |
| Are there at least two exits from buildings?   |     |    |                   |                |
| Do you make animals aware of your approach so as not to frighten them?                                       |     |    |                   |                |
| Do you leave yourself an "out" when working in close quarters with animals?                                  |     |    |                   |                |
| Are animals immunized as required?   |     |    |                   |                |
| Is the grooming chute in good repair with a non-slip mat?  |     |    |                   |                |
| Are electrical cords in good repair, no exposed wires?   |     |    |                   |                |
| Is there adequate lighting in work and walking areas?  |     |    |                   |                |
| Are all electrical outlets properly grounded with ground fault circuit interrupters?                         |     |    |                   |                |
| Are portable tools unplugged when not in use?  |     |    |                   |                |
| Are faulty wiring and electrical equipment repaired or replaced immediately?                                 |     |    |                   |                |
| Are extension cords used only for temporary work?  |     |    |                   |                |
| Is personal protective equipment available? (safety glasses, leather and rubber/latex gloves, and ear plugs) |     |    |                   |                |

| <b>ANIMAL HANDLING SAFETY (continued)</b>   | <b>Yes</b> | <b>No</b> | <b>Level of Priority</b> | <b>Date Corrected</b> |
|---|------------|-----------|--------------------------|-----------------------|
| Do you wear sturdy leather boots, long sleeves, long pants, and gloves when handling animals? |            |           |                          |                       |
| Are appropriate fire extinguishers located strategically for easy access in case of fire?     |            |           |                          |                       |
| Are fire extinguishers inspected regularly?   |            |           |                          |                       |
| Do you know how to operate a fire extinguisher?   |            |           |                          |                       |

| <b>SAFE LIFTING AND MATERIALS HANDLING</b>  | <b>Yes</b> | <b>No</b> | <b>Level of Priority</b> | <b>Date Corrected</b> |
|---|------------|-----------|--------------------------|-----------------------|
| Has everyone in the family received instruction on safe lifting techniques?   |            |           |                          |                       |
| Is the "bend your knees" rule always followed?  |            |           |                          |                       |
| Do you use assistance, such as a wheelbarrow, dolly, or wheeled cart, to move loads more than 10 yards or loads weighing more than 15% of your body weight? |            |           |                          |                       |
| Do you check for a clear pathway before lifting and moving objects?   |            |           |                          |                       |

| <b>FIRST AID / EMERGENCY ACTION</b>   | <b>Yes</b> | <b>No</b> | <b>Level of Priority</b> | <b>Date Corrected</b> |
|---|------------|-----------|--------------------------|-----------------------|
| Do you maintain first-aid kits in the following locations:                          |            |           |                          |                       |
| ◆ Home?   |            |           |                          |                       |
| ◆ Barn?   |            |           |                          |                       |
| ◆ Pick-up?  |            |           |                          |                       |
| ◆ Show box?   |            |           |                          |                       |
| Are first-aid kits periodically checked and replenished?                            |            |           |                          |                       |
| Has anyone in your family received first-aid training in the last 3 years?          |            |           |                          |                       |
| Has anyone in your family received training in CPR (cardiopulmonary resuscitation)? |            |           |                          |                       |

| <b>LIST YOUR OWN SAFETY CONCERNS</b> | <b>Yes</b> | <b>No</b> | <b>Level of Priority</b> | <b>Date Corrected</b> |
|--------------------------------------|------------|-----------|--------------------------|-----------------------|
|                                      |            |           |                          |                       |
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