Kansas Informed Consent Form

National Safe Tractor and Machinery Operation Program

Instructor: _____________________________________ Phone: ______________________________________
Address: _____________________________________ Fax: ______________________________________
_____________________________________ Email: ______________________________________

1. Purpose of the Program: The purpose of this program is to instruct youth in safe tractor and machinery operation to meet the training requirements of the USDOL’s Hazardous Occupations Order for Agriculture.

2. Procedures to be followed: During the educational phase of the project you will receive instruction in the safe operation of agricultural tractors and related machinery. Certification upon completion of the instructional phase of the project will include a written examination, a tractor and machinery skills demonstration and completion of a tractor and machinery driving course. Participants meeting a minimum passing score of 70% in each test area will be issued a certificate of completion.

3. Discomforts and Risks: The risks associated with participation are not beyond those experienced in every day life.

4. Benefits: Participants will learn the basics of safe tractor and machinery operation. Participants completing the program will be issued a certificate of completion indicating they have met minimum requirements and are eligible for employment in agricultural occupations at 14 or 15 years of age where tractor and machinery operation are identified as job requirements. The benefits to society include a more knowledgeable and safer youth workforce in agriculture and a reduction in the number of injury incidents within this age group of agricultural workers. It is expected that the youth training program will also influence older agricultural workers through association and their assistance in the program to identify hazards and work more safely in the agricultural work place.

5. Duration/Time: A minimum of 24 hours of instruction is required. The program will consist of classroom instruction with laboratory demonstrations and examinations of your understanding of the materials presented. Completion of the program will include a written, skill, and driving test. Together these tests will require approximately one hour.

6. Statement of Confidentiality: Participation in this educational training and national certificate program is voluntary. All demographic information, data, and test scores will remain strictly confidential. Information used to support continual development and refinement of the National Safe Tractor and Machinery Operation Program will be viewed as group data only. Individual response data is available only to the NSTMOP instructors and will be used to issue certificates of completion to successful participants and for program improvement. Any use of data will be without identification of participants and will only be reported as a group data.

7. Right to Ask Questions: Participants and their parents have the right to ask questions and have those questions answered. All questions should be directed to your instructor.

8. Compensation: There is no compensation for participation in this program.

9. Voluntary Participation: Participation is voluntary. Participants can withdraw from the study at any time by notifying the instructor. Participants can decline to answer specific demographic or project evaluation questions.

I have read and understand the above information and agree to participate in the National Safe Tractor and Machinery Operation educational training and certification program. I declare that I am 14 years of age or older and do not have any physical or mental limitations for participation in this project.

You will be given a copy of this consent form to keep for your records.

Print Name ___________________________ Age ________ Date of Birth __________
Participant Signature ___________ Date __________

Parent Signature ___________ Date __________

I, the undersigned, verify that the above informed consent procedure has been followed.

Instructor Signature ___________ Date __________