

Student Self-Assessment of SAE

Name: _____ Where you work: _____ Date: _____

Potential for Accidents

- | | | | |
|---|-----|----|--------------|
| Do you think your job requires a lot of responsibility? | Yes | No | |
| Do you ever drive tractors, vehicles, or other equipment? | Yes | No | |
| If yes, list the equipment you operate: _____ | | | |
| Do you have a driver's license? | Yes | No | |
| Do you work with livestock? | Yes | No | |
| If yes, list the animals you interact with: _____ | | | |
| Is your boss or supervisor there while you are working? | Yes | No | I don't know |
| Do you have to check in with your boss/supervisor during the day? | Yes | No | |
| Does your boss/supervisor always know where you are while you're working? | Yes | No | I don't know |
| Did you have to go to any special training before you could start work? | Yes | No | |
| In your opinion, are there parts of your job that you think <u>could</u> be dangerous? | Yes | No | |
| Did your boss/supervisor ever talk about the dangers of your job with you? | Yes | No | |
| If your boss/supervisor were to see you doing something unsafe would they say something to you? | Yes | No | I don't know |

Working Conditions

- | | | | |
|--|-----|----|--------------|
| Do you think you wear the right protective equipment while you're at work? | Yes | No | I don't know |
| Do you wear the proper clothing to protect you from other hazards? | Yes | No | I don't know |
| Does the equipment that you operate have a roll over protection structure? | Yes | No | I don't know |
| Do you know where any emergency shut offs and stop switches are located? | Yes | No | |

In Case of Injury

- | | | | |
|--|-----|----|---------------------|
| Is there a plan in place in case of an emergency? | Yes | No | I don't know |
| Did your boss/supervisor talk to you about this plan? | Yes | No | |
| Does anyone that you work with know CPR or have first aid training? | Yes | No | I don't know |
| Is there a first aid kit on site and do you know where to find it? | Yes | No | |
| <i>Is there an emergency eye wash station?</i> | Yes | No | <i>I don't know</i> |
| Is there an emergency shower? | Yes | No | I don't know |
| Do you feel like you could use or find everything that you may need in an emergency? | Yes | No | |

