

## Monthly yard/barn safety inspection checklist

Area	YES	NO	N/A	Comments
Is there a fully stocked first aid kit available and is a list of first aid and emergency numbers posted?				
Is PPE available and worn as necessary by employees (safety boots/wellingtons, helmets, back protectors, ear muffs etc)?				
Are fire extinguishers available and checked (pressure gauge needle in green area)?				
If present, are fire hydrants or fire hose reels operational and marked for access?				
Are all ladders in good order and used correctly? (Three points of contact and low risk work only.)				
Are hay/straw bales stored safely (no overhanging bales) and is there safe access to stacks of small square bales?				
Are all veterinary products stored securely in a locked cabinet? Have all out of date products been returned?				
Are all electric cables and fittings in good order? All unnecessary electrical items unplugged, RCDs checked?				
Are stables, barns and stocks in good order?				
Are toilet facilities clean and fully stocked?				
Are rubbish and waste materials controlled?				
Are tractors, trailers and other machinery in good order? Are PTO guards in good condition?				
Are all fuels, chemicals and hazardous materials stored securely and safely used?				
Are all paddocks checked and in good order?				
Have all water troughs been checked and drained in the last seven days?				
If present, are electric gates working correctly?				
If present, are contractors working safely in the area?				
If present in the area, is the AED in working order?				
Are rodent control measures in place?				

Additional Comments or Action Required?

Role:

Name:

Date:

Signature:

Checked by:

Audit Location:

# Risk assessment for working with thoroughbreds

Below is a sample risk assessment for working with thoroughbreds.

Working with thoroughbreds		
Task	Working with and handling stallions, mares, yearlings, weanlings and foals.	Risk Rating
Hazards	Risk of injury or potential fatality of employees, public, visitors, children that come in contact with horses.	High
	Risks arising from the fact that working with horses is hazardous and can result in severe injuries. Injuries can result from kicks, being walked on, squashed, bitten, contact with horse's head etc.	High
	Risk of developing ill health due to contracting animal diseases which are transferrable to humans (Zoonosis).	High
	Risk of new, inexperienced, young or weekend employees being injured due to unfamiliarity with horses, the work environment or the procedures to be followed to ensure their safety.	High
Control Measures	<ul style="list-style-type: none"> <li>&gt; All employees working with horses must be suitably competent or under supervision until deemed competent. New employees, young employees, weekenders and inexperienced employees must be instructed on the safe methods for catching, leading, loading, turning out, working with farrier/vet and teasing etc. The SOP relevant to the work they are undertaking should be communicated to them. This training should be signed by the person giving the training and the employee receiving the training;</li> <li>&gt; Refer to policies for tasks such as covering mares, foaling, working with horses and breaking yearlings. All employees involved in these tasks must be briefed on the relevant policies;</li> <li>&gt; Employees must remain alert at all times as horses can spook or fight;</li> <li>&gt; Do not work directly in front of or behind horses;</li> <li>&gt; Do not spook horses or mistreat them;</li> <li>&gt; Take care when working in confined areas such as stables or stocks etc;</li> <li>&gt; Mobile phones should not be used when handling horses;</li> <li>&gt; All treatments etc should be completed by two people;</li> <li>&gt; Always ask you supervisor if you are unsure about anything;</li> <li>&gt; A hazardous mare sign should be placed at the stable entrance of mares which are known to be hazardous or unpredictable;</li> <li>&gt; Do not allow mares that are prone to fighting to mix.</li> </ul>	

# Risk assessment for manual handling

Below is a sample risk assessment for manual handling.

Manual handling		
<b>Task</b>	Lifting and moving of materials in and around the workplace. Manual handling is a major part of everyday activities and best practice is to reduce manual handling risks so far as reasonably practicable by the use of mechanical aids, risk assessments and employee training.	<b>Risk Rating</b>
<b>Hazards</b>	Incorrect lifting techniques.	Medium
	Lifting weight beyond person's ability.	Medium
	Repeated twisting and turning of the torso.	Medium
	Over exertion.	Medium
	Damage to muscles, discs etc.	Medium
<b>Control Measures</b>	<ul style="list-style-type: none"> <li>&gt; Limit the weight of units to be lifted or moved. Plan ahead;</li> <li>&gt; Use mechanical means wherever possible. Farm machinery, wheelbarrows and other equipment can be used as mechanical aids;</li> <li>&gt; Seek assistance from a colleague if the load is too heavy, bulky or unwieldy;</li> <li>&gt; Provide manual handling training for operatives at risk;</li> <li>&gt; Wear the correct clothing and footwear when lifting to avoid slipping.</li> </ul>	
<b>Rules for Safe Lifting</b>	<ol style="list-style-type: none"> <li>1. Get as close as possible to the load, bringing the lines of gravity of both the load and body as close together as possible.</li> <li>2. Position your feet shoulder width apart with one foot slightly in front of the other for stability.</li> <li>3. Relax your knees, lower your hands and drop down beside the load, inclining your head.</li> <li>4. Grasp the object with a firm grip, test the weight to make sure it is not excessive and keep the arms as close as possible to the load.</li> <li>5. Raise your head and look straight forward.</li> <li>6. Keep the load as close as possible to the body with the elbows in and lift with strong leg muscles. Avoid twisting as you lift.</li> <li>7. Move forward and about at a comfortable pace and never rush.</li> <li>8. Watch out for sharp edges, hot surfaces, protruding nails/staples or insecure boxes.</li> </ol>	

# Checklist for static plant and machinery

Below is a sample risk assessment for static plant and machinery.

Machinery checklist	Yes	No	N/A	Comments
Are all safety guard/devices fitted, undamaged and in good working order?				
Are O guards present on the machine end of the PTO drive?				
Are the hydraulic systems and hoses in good repair?				
Have you carried out all pre-checks on the machine and identified and rectified any defects?				
Are you trained and competent to operate this machine?				
Is the operator handbook available?				
Is an adequate prop available such as a jack stand should you need to support hydraulic equipment for maintenance or repair?				
If you need to carry out maintenance or free a blockage, have you stopped the machine, along with its PTOs and moving parts?				
Have you applied all the controls needed to protect children and young people?				
Are you wearing appropriate PPE and workwear for operating this machine?				
Have you assessed the suitability of ground conditions for working with this machine (too steep etc)?				

# Checklist for mobile plant and machinery

Below is a sample risk assessment for mobile plant and machinery.

Tractors, Quads and Other Vehicles Checklist	Yes	No	N/A	Comments
Is the cab/roll bar in good condition?				
Is the U guard in place to cover the PTO stub?				
Are all controls clearly marked and in working order?				
Are the brakes working and adequate for the task?				
Is the handbrake fully operational?				
Are mirrors, lights, indicators and wipers functioning and clean?				
Is all hitching equipment free of defects?				
Have you identified all visible defects, rectified them and listed them on the control sheet?				
Have you carried out all vehicle pre-checks?				
Are you trained and competent to operate this vehicle?				
Is the operator handbook available?				
Has lifting equipment (material/people) been subject to the annual/six monthly check?				
Is the vehicle in the correct position for starting and working?				
Does the vehicle have a seat and seat belt provided by the manufacturer for carrying a passenger?				
If you are driving a quad bike, are you wearing a helmet?				
Have you checked for the presence of bystanders before commencing work?				
Are you driving at a safe speed for local conditions?				
Are you using the SAFE STOP procedure?				
Have you assessed the risks to other traffic from your work and implemented any necessary controls?				

# Risk assessment for handling chemicals

Below is a sample risk assessment for handling chemicals.

Chemicals		
Task		Risk Rating
Hazards	Staff using chemicals/chemical cleaning products in the course of their working day.	High
	Risk of toxic effects on the body through inhalation, ingestion or absorption of hazardous chemical substances.	High
	Risk of burns and irritation to the skin and internal organs through skin contact with a harmful product.	High
	Risk of damage to the environment through unsafe disposal of harmful products.	High
	Risk of outbreak of fire from spilled chemicals.	High
	Risk that members of the public, particularly children, could access hazardous substances that are not locked away.	High
Control Measures	<ul style="list-style-type: none"> <li>&gt; Ensure the register of hazardous substances is maintained and up to date;</li> <li>&gt; Read the labels on the container and in SDS for information on hazards, personal protective equipment, safe handling, transport, storage and disposal for each hazardous chemical and follow the instructions they contain;</li> <li>&gt; Wear appropriate PPE and use correct equipment when handling and using chemicals;</li> <li>&gt; Use the least hazardous chemical available and use it at the recommended rate;</li> <li>&gt; Prepare enough of the chemical for immediate use only;</li> <li>&gt; Make sure equipment for applying chemicals works properly and does not leak;</li> <li>&gt; Do not eat, drink or smoke while pouring, mixing or spraying chemicals;</li> <li>&gt; Avoid working alone if you are using highly toxic chemicals, or make sure you have some form of mobile communication close by and let someone know where you will be working and how long you intend to be gone;</li> <li>&gt; Clean all equipment thoroughly in an area where run-off will not create a hazard or contaminate the environment;</li> <li>&gt; Wash work clothing separately from domestic clothing or use disposable coveralls;</li> <li>&gt; After handling hazardous chemicals wash your hands thoroughly with soap and water before eating, drinking, smoking or going to the toilet;</li> <li>&gt; Keep first aid equipment including eyewash bottles readily available;</li> <li>&gt; Ensure there is an adequate supply of running water, to bathe any chemical splashes sufficiently;</li> <li>&gt; Note position of firefighting equipment;</li> <li>&gt; Ensure every effort is made to identify any unlabelled or unknown substance or liquid prior to handling;</li> <li>&gt; Store chemicals securely so they are not accessible to members of the public or children;</li> <li>&gt; Return excess product to secure containers and stores. Never dispose of it in drains or on the ground;</li> <li>&gt; Work with chemicals only in well ventilated work areas.</li> </ul>	High

# Sample new employee training record

Below is a sample of a form to use to record induction training for each new employee that you take on.

New employee health and safety induction record		TICK ✓
ALL new employees to be briefed on the topics listed and sign off below		
Safety statement and health and safety policy (where it can be viewed).		
Employer and employee health and safety responsibilities in accordance with (enter title of relevant legislation/regulations).		
Main workplace hazards (risk assessments) and associated controls.		
PPE policy (including mandatory PPE (e.g. skull caps/safety vests)).		
General rules for safe work (policies), including principles of manual handling and safe use of machinery/equipment.		
Location of prohibited areas (chemical storage etc) and identification of machinery with restricted use and specialist operations (e.g. covering).		
Accident and incident reporting procedures.		
Procedure for communicating/reporting health and safety concerns (e.g. faulty equipment).		
Training requirements.		
Disciplinary process, policy on use of phones and social media and policy on bullying and harassment.		
Prohibition of drugs and alcohol at work (prescribed medication procedure).		
First aid, fire and emergency procedures.		
Welfare arrangements.		

Next of kin	Name:	Relationship with Person:	Contact Number:
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Medical assessment (yes/no)	Have you any medical condition that may affect your ability to carry out the work you have been employed to do?	
	Are you taking any medication that may affect your ability to drive machinery or undertake certain tasks?	
	Have you any phobias or are you allergic to anything that may affect your well-being?	
	Have you any recent injuries or any ongoing medical problems (e.g. back pain, dizziness etc.)	

I confirm that I have received and have understood (enter name of business) health and safety induction and have been shown/given a copy of the safety statement and health and safety policy

Name (print):	Signature:	Contact number:
Induction Instructor Signature:	Work Location and Activity:	Date:

# COVID-19 risk assessment

Below you will find a sample risk assessment for COVID-19 in your workplace.

COVID-19 risk assessment		
<b>Task</b>	Everyday work activities during a COVID 19 pandemic (sub-contractors to be assisted in implementing protocols when they are in the workplace).	<b>Risk Rating</b>
<b>Hazards</b>	Risk of staff contracting Covid 19 and passing it to other persons at work.	High
	Potential for groups of workers to be put at risk by the spread of the virus in a workplace.	High
	Close contact working.	High
	Sub-contractors or third parties spreading COVID 19 while in the workplace.	High
<b>Possible Control Measures</b>	<ul style="list-style-type: none"> <li>&gt; Employees working from home;</li> <li>&gt; Meetings online rather than face to face;</li> <li>&gt; Prohibiting visitors and non-essential contractors from the workplace;</li> <li>&gt; Creating employee work groups that do not mix;</li> <li>&gt; Employing an occupational health nurse;</li> <li>&gt; Purchasing thermal temperature scanners;</li> <li>&gt; Appointing a Covid 19 representative (complying with government guidelines);</li> <li>&gt; Ensuring anyone with symptoms doesn't attend work for at least 14 days. Employees returning to work must have had consulted their GP and confirm that they are symptom free;</li> <li>&gt; Members of at-risk groups discuss their work situation with their employer/supervisor;</li> <li>&gt; Regulating travel for work purposes in accordance with national advice;</li> <li>&gt; Promoting social distancing, hand hygiene and cough etiquette in accordance with guidelines;</li> <li>&gt; Continuous cleaning of regularly touched surfaces;</li> <li>&gt; Avoiding close contact: this to be permitted only when absolutely necessary and only after:               <ul style="list-style-type: none"> <li>&gt; Risk assessment of the task;</li> <li>&gt; Close contact workers confirm immediately before work that: they are COVID-19 free; no immediate contact of theirs is showing COVID-19 symptoms; and they have not been in contact with a confirmed case of COVID-19 within the past 14 days;</li> <li>&gt; Work area is as ventilated as possible;</li> <li>&gt; Specific hygiene steps are taken before work commences and appropriate PPE is provided, is worn correctly and is safely removed and disposed of;</li> <li>&gt; Appropriate washing and hygiene precautions are undertaken immediately after work is completed;</li> <li>&gt; Then onwards, contact tracing records are kept for each individual.</li> </ul> </li> </ul>	



# Accident, Incident and Near Miss Report Form

√ and circle as appropriate

<b>Description of Incident/Accident</b>	<input type="checkbox"/> Accidental Injury	<input type="checkbox"/> Ill Health	<input type="checkbox"/> Near Miss (Potential for Serious Consequences)	<input type="checkbox"/> Theft
	<input type="checkbox"/> Violent Incident	<input type="checkbox"/> Fire	<input type="checkbox"/> Accidental Property Loss or Damage	<input type="checkbox"/> Vandalism
	<input type="checkbox"/> Other Incident <input style="width: 650px; height: 20px;" type="text"/>			

<b>Personal Details</b>	Name of Injured Person: <input style="width: 650px;" type="text"/>		
	Telephone Number: <input style="width: 240px;" type="text"/>	E-mail Address: <input style="width: 280px;" type="text"/>	
	Address: <input style="width: 660px;" type="text"/>		
	Age: <input style="width: 80px;" type="text"/>	Nationality: <input style="width: 160px;" type="text"/>	Occupation: <input style="width: 280px;" type="text"/>
	Status: <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor <input type="checkbox"/> Other <input style="width: 360px;" type="text"/>		
	Employed Since: <input style="width: 250px;" type="text"/> <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
	Has Employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		No. of Days Lost: <input style="width: 180px;" type="text"/> Date: <input style="width: 180px;" type="text"/>

<b>Cause of Injury/Ill Health</b>	Accident/Incident Date: <input style="width: 280px;" type="text"/>		Time: <input style="width: 100px;" type="text"/> AM/PM	
	Location: <input style="width: 650px;" type="text"/>			
	<input type="checkbox"/> Working with horses (kick, knock or fall etc)	<input type="checkbox"/> Exposure to fire/explosion		
	<input type="checkbox"/> Slip/trip/fall from same level/fall from height <input style="width: 60px;" type="text"/> meters	<input type="checkbox"/> Contact with electricity		
	<input type="checkbox"/> Physical assault by another person	<input type="checkbox"/> Equipment/defective machinery		
	<input type="checkbox"/> Struck against something (e.g. fixtures, fittings)	<input type="checkbox"/> Cut from sharp object		
<input type="checkbox"/> Struck by moving (including flying or falling) object	<input type="checkbox"/> Struck by a moving vehicle/machine			
<input type="checkbox"/> Exposure to or contact with a biological agent	<input type="checkbox"/> Manual handling			
<input type="checkbox"/> Exposure to or contact with a harmful substance	<input type="checkbox"/> Road traffic accident			
<input type="checkbox"/> Contact with hot or very cold surface or object	<input type="checkbox"/> Other (specify and give full details below)			
<input type="checkbox"/> Contact with moving machinery/equipment				
Anticipated duration of absence from work (if known): <input style="width: 450px;" type="text"/>				
Work being done at time: <input style="width: 300px;" type="text"/>		Is this work part of normal duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Give a detailed description of the incident/accident: use additional page if necessary: <input style="width: 690px; height: 80px;" type="text"/>				

## Accident, Incident and Near Miss Report Form

Further Accident Details

Why did the accident happen?

Was defective machinery or equipment involved in the accident?

Incident/accident reported to:  Time/Date:

Reported by whom?

Name and address of any witnesses to the accident/incident

Witness:

Witness:

Address:

Address:

Employee No.:

Employee No.:

Statement attached?  Yes  No

Statement attached?  Yes  No

State the exact part of the body injured or affected and the type of injury:

What first aid/treatment was given on site and by whom?

Incident/accident reported to:

Treatment given:

State name and address of doctor or hospital where relevant:

Is the person at present receiving medical attention?  Yes  No If Yes, state where from:

Preventive action to be taken? (give details)

Signature of injured party:  Date:

Signature of person completing report:  Date: