

**FARM WORKER HEALTH AND SAFETY  
TRAINING REQUIREMENTS**

**Farm Name:** \_\_\_\_\_  
**Employee Name:** \_\_\_\_\_

Instructions: Use this form to determine the types of hazards and conditions that an employee is exposed to as part of their work duties. Check the box next to all types of training that apply to this employee. Safety training is necessary for all checked items.

Type of Training	Applicable Regulation or Policy	Refresher Training Frequency	Farm Worker Training Record				
			Date	Date	Date	Date	Date
<i>General Safety Procedures and Awareness</i>							
<input type="checkbox"/> Record Keeping and Tracking for Employee Health and Safety Training	8CCR 3203 (b)	Initial, Changes, or Annual					
<input type="checkbox"/> Good Health and Safety Practices Related to Position Tasks	8CCR 3203 (a)(4)	Initial or Changes					
<input type="checkbox"/> Building Evacuation Plan(s)	8CCR 3220 (e)	Initial or Changes					
<input type="checkbox"/> Injury Illness Prevention Program (IIPP)	8CCR 3203	Initial or Changes					
<input type="checkbox"/> Emergency Response Plan	19CCR 2428	Annual					
<input type="checkbox"/> Fire Prevention Plan	8CCR 3221 (d)	Initial or Changes					
<input type="checkbox"/> First Aid / CPR	8CCR 3203, 3400 (b)	Voluntary					
<i>Emergency Supplies/Equipment-Location and Use</i>							
<input type="checkbox"/> First Aid Kits and Equipment	8CCR 3400 (b) & 3439	Initial					
<input type="checkbox"/> Eyewash/Showers	8CCR 3400 (d)	Initial					
<input type="checkbox"/> Fire Extinguishers	8CCR 6151 (g)(2)	Voluntary					
<input type="checkbox"/> Good Housekeeping	8CCR 3273 & 3362	Initial					
<i>Hazard Communication</i>							
<input type="checkbox"/> Asbestos Notification	8CCR 5208 (j)(2) & (7)	Annual					
<input type="checkbox"/> Bloodborne Pathogens	8CCR 3203 (a)(3), 5193	Annual (if exposure)					
<input type="checkbox"/> Chemical Hygiene Plan	8CCR 5191 (f)	Initial or New Hazard					
<input type="checkbox"/> Confined Space Program	8CCR 1510 & 5157 (c)	Initial or New Hazard					
<input type="checkbox"/> Cotton Dust	8CCR 5190 (i)(1)	Annual					
<input type="checkbox"/> Heat Illness Prevention	8CCR 3395 (e)	Initial or Changes					
<input type="checkbox"/> Material Safety Data Sheets	8CCR 5194 (h)						
<input type="checkbox"/> Pesticide Safety Information Series Leaflet A9 - Working in Treated Fields	3CCR 6761 (a)	Prior to Entry					
<i>Field and Office Ergonomics</i>							
<input type="checkbox"/> Bending/Climbing/Lifting/Pushing/Pulling	8CCR 3203 (a)(3) & 5110 (b)(3)	Initial or Changes					
<input type="checkbox"/> Continuous Standing/Sitting	8CCR 5110 (b)(3)	Initial or Changes					
<input type="checkbox"/> Repetitive Motion	8CCR 3203 (a)(3) & 5110 (b)(3)	Initial or Changes					
<input type="checkbox"/> Slip / Trip / Fall	8CCR 3203 (a)(3)	Initial or Changes					
<i>Safety Equipment</i>							
<input type="checkbox"/> Respiratory Protection	8CCR 5441 (k)(3) & (5)	Initial or Changes					
<input type="checkbox"/> Hearing Conservation	8CCR 5098 (a)(4) & 5099	Annual if > 83 dBA 5 Years if < 83 dBA					
<input type="checkbox"/> Tyvek/Clothing/Safety Shoes/Gloves	8CCR 3380 (c)	Initial or Changes					
<input type="checkbox"/> Eye Protection/Hard Hats	8CCR 3380 (c)	Initial or Changes					
<i>Vehicle Driver Safety</i>							
<input type="checkbox"/> Automobiles (Cars and Vans)	8CCR 3203	Initial					
<input type="checkbox"/> Trucks	8CCR 3203	Initial					
<input type="checkbox"/> Trailers	8CCR 3203	Initial					
<input type="checkbox"/> All Terrain Vehicles (ATVs)	CVC 38000-38506	Initial or Changes					
<input type="checkbox"/> Forklifts	8CCR 3668 (c) & (d)(2)	3 Years					

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	Type of Training	Applicable Regulation or Policy	Refresher Training Frequency	Farm Worker Training Record				
				Date	Date	Date	Date	Date
<input type="checkbox"/>	Miscellaneous Vehicles or Motorized Carts	8CCR 3203	Initial					

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Type of Training	Applicable Regulation or Policy	Refresher Training Frequency	Farm Worker Training Record				
			Date	Date	Date	Date	Date
<i>Tools and Equipment</i>							
<input type="checkbox"/> Ladders	8CCR 1510 & 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Lock Out / Tag Out	8CCR 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Hand Tools (e.g. shovel, hoe, hammer)	8CCR 1510 & 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Power Tools (saws, drills, grinders)	8CCR 1510 & 3203 (a)(3)	Initial or Changes					
<i>Farm Machinery and Equipment</i>							
<input type="checkbox"/> Tractors	8CCR 3664 (b)	Annual					
<input type="checkbox"/> Agricultural Implements	8CCR 3441 (a)	Annual					
<input type="checkbox"/> Tree or Brush Chipper	8CCR 3421 (c)	Prior to Assignment					
<input type="checkbox"/> Chainsaw	8CCR 3421 (c)	Initial or Changes					
<input type="checkbox"/> Office Equipment (e.g. Photocopier, FAX)	8CCR 3203 (a)(3)	Initial or Changes					
<i>Position-Specific Training</i>							
<input type="checkbox"/> Animal Handlers	9CFR, Part A	3 years					
<input type="checkbox"/> Compressed Gas Cylinders	8CCR 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Construction	8CCR 1509, 1510	Initial or Changes					
<input type="checkbox"/> Electrical Safety	8CCR 2320.2 (a)(2), 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Excavation	8CCR 1541	Initial or Changes					
<input type="checkbox"/> Fall Protection	8CCR 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Hanta Virus	8CCR 3203 (a)(3)	Initial or Changes					
<input type="checkbox"/> Pesticide Handlers	3CCR 6724 (a) & (d)	Annual					
<input type="checkbox"/> Pesticide Training for Fieldworkers Assigned Work in Treated Fields	3CCR 6764	5 Years					
<input type="checkbox"/> Tree Trimmers	8CCR 3421 (c)	Prior to Assignment					
<input type="checkbox"/> West Nile Virus	8CCR 3203 (a)(3)	Initial or Changes					
<i>Other Farm-Specific Training</i>							
<input type="checkbox"/>							
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Regulatory Definitions:  
 CCR = California Code of Regulations (8CCR 3208 means California Code of Regulations, Title 8, Section 3208)  
 CFR = Code of Federal Regulations (40CFR 82 means Code of Federal Regulations, Title 40, Part 82)