A logo with a tractor in a circle

Description automatically generated

A black background with a black square

Description automatically generated with medium confidence**Templates for Farmers:**

**Training Competencies**

From Page 2 onwards, this document provides a template to enable you to create a training competency record, specific to each piece of equipment in your company. Following these instructions will mean that your company is one step closer to becoming compliant with your OH&S responsibilities.

It is important to note that simply having this record is not enough to discharge your employer duties.

**Instructions for Use:**

1. Save this word document, and double click the header to insert your company name and remove the highlight.
2. Read through the listed skills and add/remove/change any options for the wording as required. Delete the highlighted reminder when you’re happy with the list.
3. Fill in the table at the bottom with the version number, date, your name and a digital signature (or you can print the document off, sign it and scan it back in for your records).
4. Print/Save a new copy of this file, to take your employees through the list of skills, and assign a Yes/No/NA answer.

**What to do next:**

1. Use this training document to induct new employees, and also to provide training for existing employees.
2. This is also worthwhile discussing during a toolbox meeting. A record of who is in attendance should be kept.
3. Take on and address any feedback or concerns that your employees may have. Adjust as necessary.
4. Once the training is completed, the Assessor and the Employees should all sign and date the form.
5. Place a copy of this training record in every participating Employee’s employment file.

To protect our workers, our animals and our equipment, we need to ensure that if you do a task, you are competent to do it, or you are under the supervision of someone who is competent and can train you. Once you have been assessed as competent we expect you to follow the training provided at all times. If you are asked to do a task for which you are not competent then let the person who has requested it know, so that supervision or training can be arranged.

The manufacturer, supplier, external training provider or you (if you have the necessary skills and expertise) can provide training. The Unit of Competency *Operate side-by-side utility vehicles’* AHCMOM211A is a nationally recognised qualification.

|  |  |
| --- | --- |
| Side by Side Utility Vehicle |  |
| Skills Required | Yes/No/NA |
| Operator wears suitable work clothing and footwear for operation. |  |
| Conducts routine pre-operational checks. |  |
| Replaces and/or reports damaged or worn components |  |
| Describes the purpose and correct use of side-by-side UV controls |  |
| Knows how to calculate safe loads and use attachments and where to find this information if required |  |
| Secures loads and ensure weight does not exceed limits. |  |
| Attaches equipment that does not exceed the weight limitations or change the dynamic stability of the vehicle. |  |
| Assesses and minimises potential risks to self, others, and the environment. |  |
| Ensures that the vehicles seat belts and other safety features are functional and used. |  |
| Demonstrates how to drive in forward direction around a defined course |  |
| Demonstrates how to reverse |  |
| Demonstrates control over more difficult terrain such as slope, gully, and channel bank |  |
| Knows farm safety rules, including speed limits and no-go zones |  |
| Knows which jobs that side by side utility vehicles are to be used for |  |
| Cleans the side-by-side utility vehicle after use (e.g. wash off mud, manure, chemical residue) as required |  |
| Carries out operator routine servicing |  |
| Identifies and reports malfunctions, faults, irregular performance, or damage. |  |
| Removes key after use. |  |
|  |  |
| ADD or AMEND as necessary |  |

**The following person(s) have completed the training and been assessed as Competent on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessed by (print name and signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Employee Name** | **Employee Signature** |
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**NOTE:**

Don’t forget to retain a copy of this competency training document on each individual’s employment file.

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| **Version Number** | **Date Approved** | **Document Author** | **Author Signature** |
| 1.0 |  |  |  |
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