**NAME: DATE:** SEEDS

**Training Question for Vehicles & Trailers**

List 5 items that should be in Seeds vehicles at all times?

1

2

3

4

5

List 2 precautions that must be taken when parking vehicles on site.

1

2

 List 3 things that should be checked in all vehicles on a regular bases?

1

2

3

List 3 things that need to be checked when attaching a trailer to any vehicle?

1

2

3

Staff Member Signature: Supervisor Signature:

**NAME: DATE:** SEEDS

**Training Question for Quad Bike**

What must be done before bike is started?

All pre-start checks need to be done according to:

What must all SEEDS staff have to operate quad bike

1

2

 List 3 PPE that must be worn at all times on quad bike?

1

2

3

 List 5 that the operator must do if operating quad bike?

1

2

3

4

5

Staff Member Signature: Supervisor Signature:

**NAME: DATE:** SEEDS

**Training Question for use and induction of a Chipper.**

How many people to feed the Chipper at one time?

What is the safe distance to keep clear between the chipper operator and other staff/public?

Who is responsible to keep the work area around the chipper clear of branches and other debris?

What are the 2 safety devices in place on the chipper and where are they located?

1. 2.

When feeding cut material to the Chipper list the 4 safety hazards on your person that is required to be secured and checked regularly:

1. 2 . 3. 4.

What PPE would you use when working with and around a chipper?

What are the operating procedures for this specific machine?

Demonstration of operating procedures.

Staff Member Signature: Supervisor Signature:

**NAME: DATE:** SEEDS

**Training Question for use and induction of a Weed Burner**

When must the weed burner not be used?

1. 2. 3.

What three things must be kept on standby whilst weed burning in case of emergency?

1. 2. 3.

What specialised PPE should be worn whilst using the weed burner?

What needs to thoroughly checked before leaving site?

Demonstration of operating procedures. How to ignite, use and extinguish.

Staff Member Signature: Supervisor Signature:

**NAME: DATE:** SEEDS

**Training Question for Treatment of Anaphalaxis**

Name three allergens that may trigger anaphylaxis

1. 2. 3.

List 3 signs of a moderate allergic reaction?

1

2

3

What action should be taken when a person shows symptoms of a moderate allergic reaction?

1

2

3

4

5

List 3 of the potential signs of anaphylaxis (severe allergic reaction)?

1

2

3

What action should be taken if anaphylaxis is suspected?

Staff Member Signature: Supervisor Signature:

**NAME: DATE:** SEEDS

**Training Question for Treatment of Snake Bite**

Name three symptoms of a snake bite?

1…………………………………………………………………………………………………………………………………..

2…………………………………………………………………………………………………………………………………..

3…………………………………………………………………………………………………………………………………..

List 4 management procedures for treatment of a snake bite victim?

1………………………………………………………………………………………………………………………………….

2…………………………………………………………………………………………………………………………………

3………………………………………………………………………………………………………………………………….

4…………………………………………………………………………………………………………………………………

List three things that you should not do to a snake bite victim?

1………………………………………………………………………………………………………………………………….

2………………………………………………………………………………………………………………………………….

3…………………………………………………………………………………………………………………………………

Demonstration of a compression bandage.

Staff Member Signature: Supervisor Signature:

**Training Question for Working in the Heat**

**Name 3 medical conditions that may arise when the body is unable to properly cope with working in the heat**

1…………………………………………………………………………………………………………………………………

2…………………………………………………………………………………………………………………………………

3…………………………………………………………………………………………………………………………………

List 4 **Preventative measures currently in place to ensure employees are not subjected to extensive periods of extreme heat include:**

1………………………………………………………………………………………………………………………………….

2………………………………………………………………………………………………………………………………….

3………………………………………………………………………………………………………………………………….

4………………………………………………………………………………………………………………………………….

Staff Member Signature: Supervisor Signature: