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| **Activity** |  |
| **Company** |  |
| **Location** |  |

**DO NOT undertake this work unless you have been trained and authorised.**

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| **Protective Equipment** | | | | | | |
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| **Potential Hazards** | |
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| **Pre-Operation** |
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| **Safe Operation** |
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| **Post-Operation** |
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| **Verification of Competence** | | | |
| I verify that I have observed the trainees named below operating the tractor in accordance with this Safe Work Procedure. Based on these observations I have made the following assessments of their competence: | | | |
| **Trainee** | **Trainer** | **Date** | **Competent** |
|  |  |  | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |
|  |  |  | ⬜ Yes ⬜ No |

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| **Protective Equipment Pictograms** | | | | | | |
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