

# EMPLOYEE DECLARATION ON FARM OCCUPATIONAL HEALTH AND SAFETY (OH&S)

I, .....  
(print full name)

of, .....  
(print full residential address)

declare that I have been thoroughly instructed by my employer or an agent of my employer in the following types and handwritten (*initialed*) activities and operations as they relate to my employment under the Horticultural Industry (State) Award within the Vineyard.

Farm Address Details .....  
(print full farm address)

Activities and Operations	Workers Initials	Activities and Operations	Workers Initials
Harvesting of winegrapes and duties		Operation and maintenance of mechanical vine pruning implements	
Planting and Training of Vines		Working with and around mechanical vine post drivers	
Pruning of Vines and the operation of pneumatic and manual secateurs/cutters		Operation and use of PTO powered implements	
Planting of vines and the operation of machinery to suit this activity		Appropriate use of safety equipment	
Tractor driving		Appropriate attire for work including footwear	
Working with and around mechanical winegrape harvesters		Appropriate attire to be sun safe	
Operating a tractor and towing a hydraulic grape bin		Forklift driving	
Truck driving and minor maintenance		Operation and handling of augers	
Operation of spray machine		(add extra items)	
(add extra items)		(add extra items)	
(add extra items)		(add extra items)	
(add extra items)		(add extra items)	

Signed .....

Date .....

Name of Witness .....

Witness Signature .....

Residential Address of Witness .....

**Note:** It is important that an original copy of this document is retained by the employer within the employees records of service