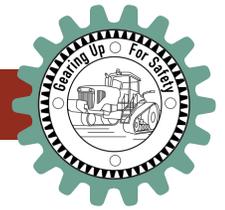


PRE-OPERATIONAL EXAM SCORING FORM



Name: _____

Date: _____

Section I. Physical Compatibility

Participant must meet all physical requirements to complete this exam see the Gearing Up for Safety website (www.agsafety4youth.info) for more details.

Note: Any NO responses in this section will make participant ineligible for completion of the exam

YES

NO

If NO, Explain:

1. Is participant free of any uncorrected physical limitations (e.g. vision or hearing impairments, potential seizures) that could create potential hazards to himself/herself or others while operating the tractor?

2. Is participant able to physically conduct the pre-operational safety inspection without assistance?

3. Is participant able to physically access the operator's station without assistance?

4. Is participant able to physically access/operate all essential controls (e.g. clutch, brake, steering, throttle)?

Section II. Identification of Key Components

The participant must be able to identify each of the following components of the tractor without assistance see the Gearing Up for Safety website (www.agsafety4youth.info) for more details.

<i>Part A. This part of the exam can be completed while participant is in operator's seat from previous section.</i>	YES	NO	If <u>NO</u>, Explain:
1. Roll Over Protective Structure (ROPS)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Seat belt	<input type="checkbox"/>	<input type="checkbox"/>	
3. Brake pedals	<input type="checkbox"/>	<input type="checkbox"/>	
4. Brake pedal lock	<input type="checkbox"/>	<input type="checkbox"/>	
5. Manual transmission (Clutch) Hydrostatic transmission (Directional pedals)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Parking brake	<input type="checkbox"/>	<input type="checkbox"/>	
7. Power Take Off (PTO) lever or control	<input type="checkbox"/>	<input type="checkbox"/>	
8. Hand/foot throttle	<input type="checkbox"/>	<input type="checkbox"/>	
9. Transmission gear or range selector(s)	<input type="checkbox"/>	<input type="checkbox"/>	
10. Ignition or engine shut-off control(s)	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Part B. Participant must dismount tractor for this part of the exam.</i>	YES	NO	If <u>NO</u>, Explain:
11. Participant safely dismounted tractor	<input type="checkbox"/>	<input type="checkbox"/>	
12. Engine oil level indicator or dipstick	<input type="checkbox"/>	<input type="checkbox"/>	
13. Fuel tank cap	<input type="checkbox"/>	<input type="checkbox"/>	
14. Fuel tank shut-off	<input type="checkbox"/>	<input type="checkbox"/>	
15. Air filter/cleaner	<input type="checkbox"/>	<input type="checkbox"/>	
16. Radiator/cooling system reservoir cap	<input type="checkbox"/>	<input type="checkbox"/>	
17. Muffler/exhaust pipe	<input type="checkbox"/>	<input type="checkbox"/>	
18. Battery	<input type="checkbox"/>	<input type="checkbox"/>	
19. Location for front or rear ballast/weights	<input type="checkbox"/>	<input type="checkbox"/>	
20. Slow Moving Vehicle (SMV) emblem	<input type="checkbox"/>	<input type="checkbox"/>	
21. Power Take Off (PTO) master shield	<input type="checkbox"/>	<input type="checkbox"/>	
22. Drawbar	<input type="checkbox"/>	<input type="checkbox"/>	

Part B. <i>continued</i>	YES	NO	If <u>NO</u>, Explain:
23. Lower arms for 3-point hitch	<input type="checkbox"/>	<input type="checkbox"/>	
24. Center or top link for 3-point hitch	<input type="checkbox"/>	<input type="checkbox"/>	
25. Hydraulic outlets	<input type="checkbox"/>	<input type="checkbox"/>	
26. Power Take Off (PTO) shaft	<input type="checkbox"/>	<input type="checkbox"/>	

Section III. Pre-operational Safety Inspection

The participant must be able to complete the following pre-operational safety inspections without assistance see the Gearing Up for Safety website (www.agsafety4youth.info) for more details.

Part A. <i>Participant must remain on ground from previous section.</i>	YES	NO	If <u>NO</u>, Explain:
27. Knowledge of where to find proper tire inflation pressures	<input type="checkbox"/>	<input type="checkbox"/>	
28. Tires inflated properly	<input type="checkbox"/>	<input type="checkbox"/>	
29. Tires appear free of major damage (e.g. cracks in sidewall, pieces of tire missing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
30. Wheel lugs in place and appear tight	<input type="checkbox"/>	<input type="checkbox"/>	
31. Roll Over Protective Structure (ROPS) in place or in extended position (if equipped with fold down system)	<input type="checkbox"/>	<input type="checkbox"/>	
32. Power Take Off (PTO) master shield in place	<input type="checkbox"/>	<input type="checkbox"/>	
33. Slow Moving Vehicle (SMV) emblem clean and not faded	<input type="checkbox"/>	<input type="checkbox"/>	
34. All lights (hazard, turn signals, and work lights) in place and clean	<input type="checkbox"/>	<input type="checkbox"/>	
35. Safety hitch pin available for drawbar	<input type="checkbox"/>	<input type="checkbox"/>	
36. Fuel system free of leaks	<input type="checkbox"/>	<input type="checkbox"/>	
37. Cooling system free of leaks	<input type="checkbox"/>	<input type="checkbox"/>	
38. Hydraulic system free of leaks	<input type="checkbox"/>	<input type="checkbox"/>	
39. Muffler/exhaust pipe in place	<input type="checkbox"/>	<input type="checkbox"/>	

Part B. Participant must remount the tractor and be in operator's seat for this part of the exam.	YES	NO	If <u>NO</u>, Explain:
40. Participant safely mounted tractor	<input type="checkbox"/>	<input type="checkbox"/>	
41. Operator steps and platform free of debris and tools	<input type="checkbox"/>	<input type="checkbox"/>	
42. Seat adjusted by participant to allow access to controls	<input type="checkbox"/>	<input type="checkbox"/>	
43. Seat belt functioning	<input type="checkbox"/>	<input type="checkbox"/>	
44. Lights and flashers operational	<input type="checkbox"/>	<input type="checkbox"/>	
45. Neutral-start switch operational	<input type="checkbox"/>	<input type="checkbox"/>	
46. Manual transmission - Clutch can be fully depressed/disengaged Hydrostatic transmission - Directional and brake pedals can be fully depressed	<input type="checkbox"/>	<input type="checkbox"/>	

Number of correct items _____ /46 (Minimum of 39 or 85% correct)

Examinee passes this exam Yes No

<i>A NO response to the question below indicates that participant is ineligible to proceed to the operational exam.</i>	YES	NO
1. Has participant previously operated a tractor and towed implement?	<input type="checkbox"/>	<input type="checkbox"/>

Exam Administrator signature : _____

Date: _____

As the exam administrator, the above signed has read the GEARING UP FOR SAFETY Pre-operational Exam instructors that accompany this exam and has evaluated the participant according to the instructions the manual provides.