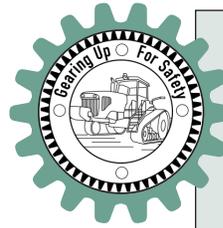


Tractor Operation Scoring Form



Directions: Mark each occurrence of a mistake /infraction performed by examinee in the box beside each statement. A total of 20 infractions or less is required to pass this exam. For more information on using the scoring form see the GEARING UP FOR SAFETY website (www.agsafety4youth.info).

* Grounds for exam failure

Participant Name _____

Date _____

Starting Safely	# of infractions
1. Mounted safely	
2. Did not adjust seat properly	
3. Did not fasten seat belt	
4. Improperly adjusted seat belt	
5. Did not check neutral position of gearshift	
6. Did not check Power Take Off (PTO) for disengagement	
7. Did not check brakes	
8. Failed to scan for bystanders, obstacles or hazards before moving tractor*	
9. Did not disengage clutch when starting engine	
Driving Safely	# of infractions
10. Did not adjust throttle	
11. Parking brake engaged when moving tractor	
12. Did not engage clutch gently	
13. Riding clutch pedal	
14. Stalled tractor engine	
15. Ground gears excessively	
16. Rode unsafely in seat	
17. Skidded or spun wheels	
18. Turned short and fouled implement or trailer	
19. Unable to straighten out tractor and trailer*	
20. Operated tractor at unsafe speed*	

	# of infractions
21. Exhibited unsafe behavior around officials or other participants*	
22. Any wheel left ground	
23. Contacted or ran over course markers	
24. Drove outside obstacle boundary lines	
25. Tractor left course*	
26. Did not perform requested operations safely*	
27. Failed to follow commands given by exam administrator *	
Dismounting Safely	# of infractions
28. Tractor did not come to a complete stop before participant dismounted*	
29. Did not check neutral position of gearshift	
30. Did not set brake or place gearshift into park	
31. Did not shut off engine	
32. Dismounted tractor unsafely (e.g. jumped off tractor)	
Total Infractions: _____ (20 or less required to pass)	
Participant passes this exam <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ <i>Exam Administrator Signature</i>	
Date: _____	