

Practical CHECKLIST 1:




Name: _____

Care for saddlery & equipment

Date: _____ Location: _____

Ask your supervisor to write the **date** and his/her **initials** after you complete each section in the Checklist. Then ask them to sign at the end to confirm that you have done everything according to your workplace requirements.

Tick ✓ the <input type="checkbox"/> Yes or <input type="checkbox"/> No boxes to show what you have discussed with your supervisor about working safely at the station. (Write N/A (Not Applicable) if you did not need to do any of the listed procedures)		Date & Initials
1.1 Demonstrated appropriate cleaning and maintenance of working gear		
cleaned saddle pad correctly <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
cleaned saddle counter lining free of debris <input type="checkbox"/>		
cleaned bridle and bit free of sweat <input type="checkbox"/>		
checked that reins and girth points were not frayed and rotting <input type="checkbox"/>		
hung up a halter correctly <input type="checkbox"/>		
demonstrated proper care of riding helmet <input type="checkbox"/>		
1.2 Selected and fitted basic working gear to suit the individual horse.		
halted a horse efficiently <input type="checkbox"/> fitted a bridle with bit sitting correctly in the horse's mouth <input type="checkbox"/> fitted a saddle to the horse and the rider <input type="checkbox"/> fitted a breastplate and explained what type of horse requires one <input type="checkbox"/> fitted a crupper and explained what type of horse requires one <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3 Stored working gear and saddlery correctly after use as required at your station		
saddle <input type="checkbox"/> saddle pad <input type="checkbox"/> bridle <input type="checkbox"/> halter <input type="checkbox"/> hobbles <input type="checkbox"/> helmet <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		
Signed off at work by supervisor:		
Name: Signature: Date:		