

Working on a Beef Cattle Station (Part 1)

PRACTICAL CHECKLISTS



Checklists for learners to identify tasks of a practical nature that need to be learned and demonstrated at work.



LitCom Training Service

Practical CHECKLIST 1: Safety

Name: _____

Working Safely on a Beef Cattle Station

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 | Can read the safety warning signs at work. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Can interpret tasks or information from labels, manuals or written instructions. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Can write or verbally report information as required. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Can estimate and count cattle as needed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Can record cattle numbers and other routine data as needed | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>Show what you have done to your supervisor's satisfaction at your workplace:</i> | | | |
| 6 | Attended required safety training at the station. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Demonstrated duty of care while working at the station and have followed workplace safety procedures and directions as required. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Adjusted, used, cleaned and stored PPE appropriately. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Carried out basic safety checks on station equipment before use. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Recognised and reported hazards at work. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11 | Manually handles heavy loads safely. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12 | Identified and handled hazardous substances according to workplace procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13 | Explained what the procedures are in the event of a fire | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14 | Attached a copy of the emergency evacuation procedure and explained who would give the instruction to evacuate and the location you would evacuate to. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15 | Named the first aid officers and identified the location of first aid kits | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16 | Identified the types of any fire fighting equipment and who is to use them in the event of a fire. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17 | Contributed to working out improved practices that minimise risk at work. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signed off at work by supervisor: | | | |
| Name: Signature: Date: | | | |

Practical CHECKLIST 2: Handling Cattle Name: _____

Handle Cattle Using Basic Techniques 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.

| Write the information and tick ✓ the <input type="checkbox"/> Yes or <input type="checkbox"/> No boxes to show what you discussed with your supervisor and did to PREPARE for handling cattle. <i>(Write N/A (Not Applicable) if you did not need to do any of the listed procedures)</i> | | | Date & Initials |
|---|--|--|-----------------|
| 1 | Discussed with supervisor what you had to do as part of the team. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Checked what to do in case of bad weather or emergency | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Demonstrated an understanding of yard map and the cattle moving plan. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Helped to check machinery, tools and equipment needed for the day. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Identified handling areas, gates and access routes and helped to prepare the yard for handling | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Reported any faulty equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Checked vehicle/s and recorded all of the following: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="width: 30%;">Cooling system <input type="checkbox"/></div> <div style="width: 30%;">Battery <input type="checkbox"/></div> <div style="width: 30%;">Tyres <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="width: 30%;">Fuel <input type="checkbox"/></div> <div style="width: 30%;">Air filters <input type="checkbox"/></div> <div style="width: 30%;">Starting system <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="width: 30%;">Oil <input type="checkbox"/></div> <div style="width: 30%;">Leads <input type="checkbox"/></div> <div style="width: 30%;">Safety guards <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="width: 30%;">Filters <input type="checkbox"/></div> <div style="width: 30%;">Wheels <input type="checkbox"/></div> <div style="width: 30%;"></div> </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Identified cattle to be moved | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Checked for any abnormalities in cattle to be moved | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Identified possible hazards while handling cattle in the yard and discussed safe handling procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>Show what you did when you were part of the team handling the cattle in the yard</i> | | | |
| 11 | Wore correct personal protective equipment (PPE) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12 | Understood and followed instructions and worked well as part of the handling team | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13 | Used handling and restraint equipment safely and with minimum force | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14 | Allowed time for cattle to do required movement | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15 | Thought about and reduced any risks to yourself and animals during handling | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16 | Carefully watched 'body language' of cattle | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17 | Used positive and calming techniques when handling animals to ensure their safety and wellbeing | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18 | Assisted to check and clean handling areas and dispose of waste as required | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19 | Reported and helped to reduce any environmental risks <div style="font-size: small; margin-top: 5px;"> Dust <input type="checkbox"/> Hazardous substances <input type="checkbox"/> Disposal of waste <input type="checkbox"/> </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 20 | Assisted to check, clean and store handling equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 21 | Reported any damage or faulty equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22 | Helped to report the following as required: <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="width: 45%;">Cattle numbers <input type="checkbox"/></div> <div style="width: 45%;">Weight and condition scoring <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div style="width: 45%;">Details of treatments <input type="checkbox"/></div> <div style="width: 45%;">Any observed abnormalities <input type="checkbox"/></div> </div> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signed off at work by supervisor: Name: Signature: Date: | | | |

Practical CHECKLIST 3: Mustering

Name: _____

Participate in a muster team

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.

| Write the information and tick ✓ the <input type="checkbox"/> Yes or <input type="checkbox"/> No boxes to show what you discussed with your supervisor to PREPARE for mustering and moving cattle. (Write N/A (Not Applicable) if you did not need to do any of the listed procedures) | | | Date & Initials |
|---|--|--|-----------------|
| 1 | Was on time for work | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Checked and explained the muster plan for the day Water and food <input type="checkbox"/> Helicopter times <input type="checkbox"/> Route on maps <input type="checkbox"/> Emergency procedures <input type="checkbox"/> Cattle type/s to be mustered <input type="checkbox"/> Discussed your role with your supervisor <input type="checkbox"/> Head stockman <input type="checkbox"/> Have attached a copy of the muster plan and map to this checklist <input type="checkbox"/> (Write and attach notes and map for the day if plan was given verbally) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Checked yard for safety and reported hazards Checked the waters <input type="checkbox"/> Made sure there is nothing to hurt livestock or man <input type="checkbox"/> Checked that all the gates are working properly <input type="checkbox"/> Checked for anything laying on ground <input type="checkbox"/> Checked that all rails are secure <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Wore appropriate PPE (Personal Protective Equipment) as required Sunblock <input type="checkbox"/> Sunglasses <input type="checkbox"/> 5 litre water bottle (and saddle bag to carry water) <input type="checkbox"/> Wide brim on helmet/hat <input type="checkbox"/> Long-sleeved shirts buttoned to the neck/collars up <input type="checkbox"/> Sturdy boots (smooth soles when riding horses) <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Identified hazards involved in the muster and decided what precautions to take | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 | Checked cattle for abnormalities or sickness | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Helped to identify, check and prepare vehicles to be used for mustering | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8 | Explained safe operation of machinery and equipment being used | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Show what you did when you were part of a mustering team. | | | |
| 9 | Assisted to locate cattle identified in the muster plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Monitored and demonstrated ability to anticipate cattle behaviour | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11 | Assisted to move cattle safely and carefully with minimal stress | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12 | Assisted with muster processes as directed according to the muster plan and station requirements | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13 | Demonstrated ability to apply mustering techniques as required: Riding positions <input type="checkbox"/> Breakaways <input type="checkbox"/> Holding the mob <input type="checkbox"/> Blocking cattle in flight <input type="checkbox"/> Bringing cattle into a moving mob <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 14 | Assisted to move cattle without damage to person, property or environment | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 15 | Assisted to rest and water the cattle as needed during muster | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 16 | Assisted with mothering and holding cattle at destination area. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 17 | Counted cattle on arrival and recorded details | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18 | Communicated well with other members of the muster team. Followed verbal instructions and reported any problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19 | Maintained Logbook for all musters attended. Logbook attached | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signed off at work by supervisor: | | | |
| Name: Signature: Date: | | | |

LOGBOOK - Mustering and Moving Cattle

| Day, date and location: | |
|---|--|
| What could go wrong with the muster and ways to deal with these risks | |
| What DID go wrong during the muster and what was done. | |
| Vehicles used during muster (<i>eg motorbike, 4 X 4, horse etc.</i>) | |
| Stock type | |
| Number of stock at start | |
| Number of stock on arrival | |
| Any livestock abnormalities (<i>eg sick animals</i>) | |
| Any abnormal livestock behaviour (<i>eg stragglers, unusual agitation</i>) | |
| Protective clothing used | |
| Environmental dangers noticed during the muster and moving of cattle | |
| What was done to avoid environmental impacts during the muster | |
| | |

Practice CHECKLIST 4: Fencing

Name: _____

Install, maintain and repair fencing

Date: _____ Location: _____

Complete this checklist when you have done some supervised fencing jobs.

Write the **date** when you complete each section in the Checklist.

Finally ask your supervisor to sign to confirm that you have done everything according to your workplace requirements.

| Write the information and tick ✓ the <input type="checkbox"/> Yes or <input type="checkbox"/> No boxes to show what you discussed with your supervisor to PREPARE for fencing work. (Write N/A (Not Applicable) if you did not need to do any of the listed procedures) | | Date |
|---|--|------|
| 1 | Type of cattle: <input type="checkbox"/> Bulls (need strong fence) <input type="checkbox"/> Weaners (need strong fence) <input type="checkbox"/> Heifers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 2 | Identified location of fence: <input type="checkbox"/> Internal fence OR <input type="checkbox"/> Boundary fence | |
| 3 | Type of fence: | |
| 4 | Type of wire: | |
| 5 | Cost of fence: | |
| 6 | Planned to transport fencing materials and tools | |
| 7 | Type of land: <input type="checkbox"/> Creeks <input type="checkbox"/> Soil that will erode easily <input type="checkbox"/> Bushland <input type="checkbox"/> Hilly (fences should follow contour lines rather than going up and down hills to reduce erosion- cows like to walk fence lines) | |
| 8 | Will cattle have easy access to water? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 9 | Will there be easy movement of stock and road access? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10 | Will the fence cause environmental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 11 | Will the fence have to withstand floods? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 12 | Will the fence have to withstand fire? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 13 | Pressure points are extra strong (e.g. watering holes, gateways, corners and loading ramps) Checked <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Tick ✓ the <input type="checkbox"/> Yes or <input type="checkbox"/> No boxes below to show what you did when you were INSTALLING/REPAIRING a fence. (Tick N/A if you did not need to do any of the listed procedures) | | Date |
| 14 | Identified faults in a fence in need of repair <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 15 | Talked with supervisor / workers about safety issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 16 | Talked with supervisor / workers and worked to a plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 17 | Wore appropriate protective clothing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 18 | Worked safely with tools and equipment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 19 | Installed a fence (with gates) correctly with appropriate tools and materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 20 | Repaired a fence correctly with appropriate tools and materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 21 | Showed different types of wire and knots, gate types and tensions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 22 | Dismantled a fence for disposal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 23 | Cleared and tidied work area and disposed of non re-useable materials in an environmentally responsible way <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 24 | Cleaned and stored tools, personal protective equipment and re-useable materials <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 25 | Calculated fencing materials and planned maintenance schedule. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| 26 | Recorded as required at your workplace <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Signed off at work by supervisor: | | |
| Name: Signature: Date: | | |