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# Human Resources Templates

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## Introduction

This packet includes human resources (HR) templates that dairy farms can tailor for use on their operation. The templates are provided for informational purposes only. Farms are responsible for determining whether the templates meet compliance requirements of their applicable local, state or federal laws and regulations. National Milk Producers Federation and the National Dairy FARM Program are not responsible for the content of these templates, and under no circumstances shall we have any liability to you for any loss or damage of any kind as a result of the use of the templates or reliance on any information provided in the templates. Once downloaded by an organization or an individual, these templates and their content become the sole property and responsibility of the organization or individual.

## Instructions

The following templates should be tailored by the individual farms to best suit the operation's needs. Some fields in the templates can be filled in directly through the PDF document.

Additional instructions and notes are provided for the following templates.

### Job Application – Long

It is important to note that employers cannot discriminate against an individual for a temporary work authorization that does not require employer sponsorship. However, in general, employees are permitted to ask about whether an individual currently or will need employer-sponsored work authorization. See the following resource:

<https://www.laboremploymentperspectives.com/2012/08/30/employment-authorization-ask-but-ask-carefully-part-2/>

Additionally, many of the top dairy-producing states are 'ban the box' states where you cannot ask an applicant a yes/no question about criminal history on a job application. Farms should check with a licensed attorney in their state before adding such a question to their job application form.

If conducting a background check, a background check authorization form must be included as a separate signed document. State laws vary in the type of disclosures that you must give individuals when conducting a background check. Consult with a licensed attorney and/or ask the company that you use for background checks to give you a form and disclosure documents specific to your state(s).

### Interview Questionnaire Form

The form can be used to take notes during an interview and rate an applicant based on their responses. Questions should be selected ahead of time and should be the same for each interviewee.

### Employee Training Log

Employees and supervisors can track all of the training an employee has received using a training log. The training log can be combined with the FARM Animal Care Dairy Cattle Care

Training Log or kept separately. The top portion should be signed once all new hire trainings are complete.

#### Compensation Change Form

State law may have specific requirements on what information must be given to an employee when there is a change in pay and when they must be informed of the change. Check state law before using the following form as a notice to an employee

#### Employee Safety Incident Reporting Form

This form can be to track injuries, even minor ones, as well as near misses. This form DOES NOT replace First Report of Injury forms required by workers' compensation, or any other legally required injury or illness reporting or recordkeeping. Documenting injuries and near misses helps identify trends; however, the documents may be discoverable during litigation. Work with a licensed attorney or safety consultant to understand how best to approach documentation for your operation.

#### Emergency Contacts

All workers should know exactly what to do and who to call in case of an emergency. Consider displaying a poster, like the example provided, to remind everyone what to do. Posting the names and telephone numbers of emergency contacts in a prominent place in farm-provided housing in employees' native languages speeds up communications in an emergency.

#### Repair Journal System

The following can be printed or placed in a binder accessible to all workers. Workers can fill out the first three columns to request housing repairs or information. A manager who checks the binder will fill out the last three columns.

This resource is not a legal document and is intended for educational purposes only. Dairy farmers are individually responsible for determining and complying with all requirements of local, state and federal laws and regulations.



**Supervision:**

State what job/role this position reports to and what level of supervision the job will receive (e.g. regular, minimal, etc.).

- Position reports to \_\_\_\_\_
- Job receives (Minimal / Regular / Other) supervision.

**Qualifications:**

Some jobs require past experience or educational qualifications. This section should describe those requirements. If applicable, qualifications can be divided into those that are 'required' and those that are 'preferred'. Avoid statements that might be discriminatory on grounds of any protected class, like race, gender, age, or national origin.

Experience, type and years required (e.g. 3-5 years working with large animals):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Education and Training (e.g. high school diploma or GED; food safety training):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Certifications / License (e.g. driver's license)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Skills, Abilities, and Attributes (e.g. ability to read / write, ability to operate computer, attention to detail)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Physical Requirements:**

List and describe any special physical requirements of the job. The following list can be used as a starting point; check any of the following are required on a day-to-day or infrequent basis.

Strength (Lifting, Carrying, Pulling, Pushing)	Kneeling	Crawling
Standing	Climbing	Reaching
Walking	Stooping	Balancing
Sitting	Crouching	Talking
Hearing	Seeing (near/far)	Depth perception
Color vision	Field of vision	

**Work Environment / Conditions:**

*Describe the environment for this position. Include information pertaining to temperature fluctuations or excesses, noise level, chemical irritants, dust or allergen exposure.*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Schedule:**

*Describe the typical hours or shifts. Is the position part-time or full-time? Does it entail overnight shifts? What are the typical hours per week? Does the workload vary by season?*

**Compensation:**

*It is optional to specify a starting wage, but it can benefit recruiting efforts. Dairies may consider listing a wage range, with a note that the exact compensation depends on experience. Owner and managers may also wish to list incentive or bonus programs.*

**Non-Wage Benefits:**

*Highlight non-wage benefits that the dairy offers, like paid health insurance, paid vacation leave, or housing. The job description does not need to contain a full list of non-wage benefits. This section is to help with recruiting.*

**External Resources:**

- Cornell University PRO-DAIRY Program, Job Description Development Worksheet, <https://prodairy.cals.cornell.edu/business-management/resources/>
- PennState Extension, Job Description Generator for the Dairy Industry, <https://extension.psu.edu/job-description-generator-for-the-dairy-industry>
- PennState Extension, Job Descriptions: The Building Blocks of Organizations, <https://extension.psu.edu/job-descriptions-the-building-blocks-of-organizations>
- Purdue Extension, Developing Effective Job Descriptions for Small Businesses and Farms, <https://www.extension.purdue.edu/extmedia/ec/ec-728.pdf>
- University of Nebraska – Lincoln Extension, Examples of Job Descriptions for Major Positions on Dairy Farms, <http://extensionpublications.unl.edu/assets/pdf/g1585.pdf>

# Job Application Form - Short

Thank you for your interest in applying for a job at  
 following application completely and truthfully.

. Please complete the

Personal Information		
First Name:	Last Name:	
Address:	Date of Application:	
Phone Number:	Email Address:	
Are you authorized to work lawfully in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you authorize _____ to contact your references? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Job Information		
Position applying for (if known):		
Available start date:		
Desired pay:		
Qualifications		
Education or Training:		
Licenses / Certificates:		
Other:		
References: Please provide three work-related references that can talk about your qualifications and employment history. Do not list family members.		
Name	Phone Number	Relationship

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification.*

# Job Application Form - Long

Thank you for your interest in applying for a job at \_\_\_\_\_ . Please complete the following application completely and truthfully. You may also attach a resume if you desire. Any person found to have intentionally misrepresented or omitted any material fact in this application will automatically be disqualified from further consideration of employment.

## Personal Information

First Name:	Last Name:
Address:	Date of Application:
Phone Number:	Email Address:

Are you interested in:       Part time     Full Time     Temporary     Seasonal

## Days and Hours Available

MON	TUE	WED	THUR	FRI	SAT	SUN
From	From	From	From	From	From	From
To	To	To	To	To	To	To

Are you authorized to work lawfully in the United States for \_\_\_\_\_ ?  Yes /  No

Will you now or in the future require \_\_\_\_\_ to commence (“sponsor”) an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called “sponsorship” for an employment-based visa status.  Yes /  No

Do you authorize \_\_\_\_\_ to contact your references?  Yes /  No

If selected for employment, will you consent to a background check?  Yes /  No

## Job Information

Position applying for (if known):	
Available start date:	
How did you learn about this position?	
Desired pay:	
Desired hours:	

## Interests & Experience

Why are you interested in working on a dairy farm?

Do you belong to any organizations, clubs, advocacy groups?

Do you have a valid Driver's License?  Yes /  No

Do you have a valid Commercial Driver's License?  Yes /  No If yes, class: \_\_\_\_\_

Are any of your Driver Licenses subject to any conditions?  Yes /  No

If yes, please explain: \_\_\_\_\_

Please check each one of the following in which you have experience:

**Milking Equipment Maintenance:** Vacuum pumps / Refrigerant Levels / Pulsators / Milk lines / Milk Hoses / Wash cycles / Hydraulics

**Field Work:** Hand Line Irrigator / Pivots / Wheel line

**Milk Parlor:** Milker ( Herringbone / Parallel / Rotary) / Pusher

**Herdsmen/Maternity/ Hospital:** Meat Withhold Periods / IV treatments / Artificial Insemination / Heat Detection / Foot Health / Body Condition Scoring / Mastitis Prevention / Mastitis Treatment

**Programs:** DHI plus / Dairy Comp / Dairy Quest

**Vehicle Operation:** Manual Transmission / Manure Truck / Side Dump Trailer / Belly Dump Trailer / Feed Truck / Front End Loader / Bobcat / Scraper / Tractors / Swather / Hay Rake/Merger / Hay Bailer

**General Maintenance:** Machinist / Mechanic / Welder / Carpenter / Electrician / Plumber / Welder

List your qualifications for the job. Use the job description as a reference for what the position requires.

Education or Training:	
Licenses / Certificates:	
Other:	

### Employment History

Please list your last three jobs.

(1) Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_



Telephone Number: \_\_\_\_\_  
Job Title & Work Performed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

(2) Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title & Work Performed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

(3) Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Job Title & Work Performed: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**References**

Please provide three work-related references that can talk about your qualifications and employment history. Do not list family members.

Name	Phone Number	Relationship

**Additional Comments**

Please provide any additional information relevant to your application.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

Name (please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

*All qualified applicants will receive consideration for employment without discrimination based on age, sex, national origin or any other protected classification.*

# Job Application Form Employer Comments

Staple this sheet to any job application you receive to keep track of next steps.

Application received on (date): \_\_\_\_\_

Application reviewed by (name): \_\_\_\_\_

Follow-up (check all that apply):

- Reviewed application and declined to interview.
- Reviewed application and will call to schedule an interview
  - Scheduled an interview for: \_\_\_\_\_ (date)  
\_\_\_\_\_ (time)
- Interviewed the applicant but decided not to offer them the position. Notified the applicant of the decision on: \_\_\_\_\_ (date).
- Offered the applicant the position on: \_\_\_\_\_ (date). Asked them to accept or reject the offer by \_\_\_\_\_ (date).
- Candidate rejected the job offer.
- Candidate accepted the job offer and will be starting on \_\_\_\_\_ (date)

# Interview Questionnaire Form

Name of applicant:	Date:
Position interviewing for:	Interview conducted by:

Question	Response Notes

Additional notes or feedback about the candidate:

Overall applicant rating. Circle one after the interview:  
5 – Excellent    4 – Above Average    3 – Average    2 – Below Average    1 – Poor

# Employee Emergency Contact Form

Name: \_\_\_\_\_

## **Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

## **Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize my employer and its representatives to contact any of the above in the event of an emergency.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

# Progressive Disciplinary Action Form

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position: \_\_\_\_\_

Reason for Disciplinary Action: (Check all that apply.)

Quality  Productivity  Safety  Conduct  Attendance

Insubordination  Housekeeping  Miscellaneous

You are receiving this disciplinary warning because of the following actions. (Describe in detail in behavioral terms.)

Unless this problem is corrected, further disciplinary action will be taken up to and including the termination of your employment. (Check the appropriate step in the progressive discipline policy.)

Written Verbal Warning

Written Warning

1-Day Suspension OR

3-Day Suspension OR

5-Day Suspension OR

Employment Termination

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have received this disciplinary action and understand that unless this problem is corrected, further disciplinary action will be taken up to and including the termination of my employment.

Employee comments (if any):

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Human Resources Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# New Hire Checklist

## Before Employment

### *Basic Information to Give New Hire Before They Start*

- When to arrive on the first day
- Who to ask for upon arrival
- What documents to bring on the first day (i.e. passport, driver's license, or other identification for I-9 verification)
- What to wear
- Where to park

*Inform other employees or family that a new employee will be starting on \_\_\_\_\_ date.*

*If applicable, ensure any materials and equipment are ready before the employee starts.*

### *Plan for safety and job training*

The new employee will need to be trained, both to do their job and on safety procedures. Before they start their first day, the dairy owner / manager should be sure to have a plan for who will train the employee and when.

## First Day

### *Introduce the Farm's Mission, Vision, Culture and Identity*

Upon the new hire's arrival, give a warm welcome, an explanation of how the day will unfold, and take a few moments to explain the organization's:

- culture (organization background)
- values
- vision and mission (what you believe, how you operate and an explanation of your goals)

### *Review New Hire Paperwork*

- I-9 Employee Eligibility Verification
- W-4 Federal Employee Withholding
- State Tax Withholding Forms
- Work Agreement and/or Job Description Form (Requirement varies by state)
- Signed Deduction Authorizations (Requirement varies by type and state)
- Dairy Cattle Care Ethics Agreement

### *Review Company Policies and Procedures*

Go over the dairy's policies and procedures, using the employee handbook as a guide, if applicable. If the dairy requires the employee to sign an acknowledgment of policies or the handbook, be sure to give ample time for the employee to review the documents. Employees with low literacy may need to have the documents read out-loud. Dairy's that often hire non-fluent English speakers should expect to translate written policies. Items that can be covered include:

- Work or shift hours
- Overtime policy, if applicable
- Leave: vacation, sick
- Attendance and absences
- Breaks
- Drug-free workplace
- Discipline procedure
- Performance reviews
- Discrimination and harassment

- Safety policies and procedures
- Training procedures
- Animal care

*Discuss Timesheets and Pay Schedule*

If employees will be expected to fill out a timesheet or similar form to record hours, the owner / manager or supervisor should explain the procedure on the first day. The employee should be told the procedure for payment and the payday. If applicable, provide enrollment forms for direct deposits.

*Review Benefits and Related Forms*

On the first day, the owner / manager or supervisor should discuss non-wage benefits that the dairy may offer, like health insurance or retirement plans. Enrollment forms should be shared with the employee with instructions on how to complete them and where to return them.

*Review the Job Responsibilities*

Review the responsibilities of the employee's new job. The written job description is a helpful guide to outline key duties and expectations. Some dairies may wish to have a new employee sign the job description to confirm their understanding of the role.

*Equipment*

Give the employee the required equipment, including keys, cell phone  
Complete all paperwork Review the pay and payment schedule. Make sure the employee signs the appropriate income tax forms. Have the new hire complete an emergency contact form.

*Welcome and walking tour*

Conduct a walking tour of the dairy with the new employee. Point out important areas, like break areas, bulletin boards, and bathrooms. Show the employee the location where legally-required labor and safety posters are displayed. Introduce the new employee to staff – explain each person's role and vice versa. Provide the new employee with an organizational chart, if available. Assigning a "buddy" to each new employee is helpful for answering simple questions that might come up in the first couple of months of employment.

*Schedule or conduct safety and job training*

Some training may be conducted on the first day (especially safety training). Other training may happen over the course of the first few weeks.

# Employee Training Log

I confirm that I have received training in my all of my job responsibilities, health and safety procedures, animal care, and stockmanship.

Employee Name: \_\_\_\_\_

Farm Name: \_\_\_\_\_

Farm Owner/Manager: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Description of training(s) received:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Performance Review Form

Employee Name:	Supervisor Name:
Date of Review:	

**Supervisor Assessment**

*To be completed by the supervisor prior to the performance review meeting.*

How would you rate the employee’s performance in each of the following job areas? Check one and write in any relevant notes. Where possible, include quantitative measures of performance in the notes (for example, was tardy 0 times in the past year).

Job area	Excellent	Good	Average	Poor	Notes
Job knowledge					
Work quality					
Technical skills					
Consistency					
Productivity					
Attitude					
Work Relations					
Punctuality					
Attendance					

**Employee Assessment**

To be completed by the employee prior to the performance review meeting.

*How would you rate your performance in each of the following job areas? Check one and write in any relevant notes. Where possible, include quantitative measures of performance in the notes (for example, was tardy 0 times in the past year).*

Job area	Excellent	Good	Average	Poor	Notes
Job knowledge					
Work quality					
Technical skills					
Consistency					
Productivity					
Attitude					
Work Relations					
Punctuality					
Attendance					

**Performance Review Meeting**

Discuss areas where the employee is excelling and doing a good job. Record any notes.

Discuss opportunities for improvement. Record any notes.

Discuss what resources the employee needs to help them improve, for example more training.

Talk about the employee's career goals – where do they want to be in the next year? In the next 5 years?

Set concrete goals for the next year.

By signing this form, you confirm that you participated in the performance review meeting.  
Signing this form does not necessarily mean that you agree with the performance evaluation.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

# Compensation Change Form

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

## **Salary Change**

Effective Date: \_\_\_\_\_

Type of Change:

- Cost of Living / Annual Adjustment
- Merit Increase
- Promotion Increase
- Salary Decrease
- Other: \_\_\_\_\_

Current Salary: \$ \_\_\_\_\_ per hour      OR      \$ \_\_\_\_\_ per year

Proposed Salary Change: \_\_\_\_\_ %      OR      \$ \_\_\_\_\_ per hour / per year

New Proposed Salary: \$ \_\_\_\_\_ per hour      OR      \$ \_\_\_\_\_ per year

## **Explanation for Change**

Use the space below to provide a rationale for the above change.

## **Signature Approvals**

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

HR Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Employee Acknowledgment**

By signing this form, you acknowledge that you received the above salary change information.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_



# Employee Safety Incident Reporting Form

**Instructions:** Employees shall use this form to report all work-related injuries, illnesses, or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work-related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss			
Employee Name:		Position:	
Supervisor:			
Date of injury/near miss:		Time:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Where, exactly, did it happen?			
What were you doing at the time of the incident/injury?			
Describe clearly and in detail what happened/how you were injured (use the back of the page if needed):			
Part(s) of body that was injured (be specific - such as left hand or right thumb). If a near miss, what part(s) of the body could have been hurt?			
What could have been done to prevent this injury/near miss?			
Describe any First Aid given at the scene of the injury:			
Did you see a doctor about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who did you report the incident/injury to?			
When did you report the incident/injury? (give date and time):			
Name all witnesses (if any):			
Employee signature:			Date:



# Housing Orientation Checklist

Orientation Performed By: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

TOPIC	TALKED ABOUT? If Yes, ✓
Responsibilities	
House Rules	
Reporting Repair Needs	
Emergency Situations	
Inspection Process and Schedule	
Kitchen	
Bathrooms	
Bedrooms	
Windows and Doors	
Washer and Dryer	
Common Areas	
Heating and/or Air Conditioner	
Water System	
Smoke/Carbon Monoxide Alarms	
Waste	

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

# Housing Inspection Checklist

	Condition		Cleanliness			Notes
	Working	Damaged / Broken	Good	OK	Bad	
<b>Living Room</b>						
Floor & Floor Covering						
Walls & Ceiling						
Doors						
Lighting Fixtures						
Windows & Screens						
Window Coverings						
Smoke Alarm						
Carbon Monoxide Alarm						
<b>Kitchen</b>						
Floor & Floor Covering						
Walls & Ceiling						
Doors						
Lighting Fixtures						
Windows & Screens						
Window Coverings						
Cabinets and Drawers						
Counters						
Stover/Burners, Controls						
Oven/Range Hood						
Refrigerator						
Dishwasher						
Sink & Plumbing						
Garbage Disposal						
Fire Extinguisher						
<b>Bathrooms</b>						
Floor & Floor Covering						
Walls & Ceiling						
Doors						
Lighting Fixtures						
Windows & Screens						
Window Coverings						
Counters & Surfaces						
Sink & Plumbing						
Hot Water						
Bathtub/Shower						

Toilet						
Inside Drawers						
<b>Bedrooms</b>						
Floor & Floor Covering						
Walls & Ceiling						
Doors						
Lighting Fixtures						
Windows & Screens						
Window Coverings						
Closets, including Doors						
Smoke Alarm						
Beds						
<b>Other</b>						
Heating System						
Air Conditioning System						
Stairs						
Hallway						
Lawn & Garden						
Patio, Terrace, Deck, etc.						
Parking Area						
Front/Back Porch						
Trash Area						

Additionally, each inspection should confirm that there are enough beds for all occupants. Beds should be at least 3 feet apart and 1 foot off the floor. Bunk beds should be 4 feet apart.

Housing Location: \_\_\_\_\_ Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_

*Adapted from Cornell Agricultural Workforce Development.*

# Emergency Contacts

Farm Name: \_\_\_\_\_

Housing Address: \_\_\_\_\_

Owner / Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FOR GENERAL EMERGENCIES, CALL 9-1-1**

A First Aid Kit is Located:

Daytime Urgent Maintenance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nighttime Urgent Maintenance: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Closest Medical Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Poison Control Phone Number: \_\_\_\_\_

Local Police Phone Number: \_\_\_\_\_

# Repair Ticket

This form can be used by workers to request repairs or housing information.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Housing Location:** \_\_\_\_\_

**Problem or Question:**

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**Ticket Picked Up By:** \_\_\_\_\_

**Expected Date for Follow-Up / Repairs:** \_\_\_\_\_

**Completion Date for Follow-Up / Repairs:** \_\_\_\_\_

**Notes:**

# Repair Journal System

OCCUPANT			MANAGEMENT		
Repair Needed	Occupant Name, Date Reported	Housing Location	Manager Name, Date Checked, Note	Date Repair Expected	Date Repair Completed
<b>Stove burner not working</b>	<b>Juan 5/4/2018</b>	<b>House #3</b>	<i>Greg, 5/5/2018, burner just loose, cleaned and fixed.</i>	<i>5/5/2018</i>	<i>5/5/2018</i>

*Adapted from Cornell Agricultural Workforce Development.*

## Cleaning Schedule

This suggested cleaning schedule can help farm housing occupants plan.

DAILY TASKS	WEEKLY TASKS	OCCASIONAL CHORES	SEASONAL CHORES
Kitchen			
Wash dishes Wipe countertops Wipe out sink Empty garbage Sweep floor	Dispose of leftover food Mop floor Clean garbage pail Wipe out microwave	Clean drip pans on range Clean oven Defrost and clean refrigerator Wash walls and woodwork	Clean cupboards Scrub floors
Bathroom			
Wipe our sink and tub Replace soiled towels Empty waste baskets	Wash floor Launder towels Clean toilet bowl Wipe tile surfaces Clean mirrors Clean sink, shower and tub	Wash bath mat Wipe walls and woodwork	Clean closets
Living Room			
Clean ash trays Dispose of papers Straighten magazines, DVDs, CDs and throw pillows	Vacuum rugs and furniture Vacuum or dust floors Dust furniture, lamps and accessories	Shampoo rugs and furniture Wipe lamp shades Move and clean under furniture Wash windows and curtains Dust books and pictures	Clean closets Clean screens or storm windows Wax floors Wipe walls and woodwork Scrub floors
Bedrooms			
Put away clothes	Launder bed linens Vacuum and dust	Turn mattresses Wash mattress covers and pad Wash pillows Wipe walls and woodwork	Wash or dry clean blankets and spread Organize closets

*Adapted from Kansas State University Cooperative Extension.*