

## INTERVIEW SCHEDULE FOR AGRICULTURAL OPERATORS

### OPENING

- General introduction to the research project
- Review of the consent form, including consent to be contacted for follow-up research
- Review of project details, including information about its funders
- Overview of the questions/topics that will be covered during the interview; state clearly that we aren't policing, just trying to get a clear picture:
  - Demographic questions about the interviewee and the farm
  - Questions about farm activities, operations, and equipment
  - Questions about specific farm hazards
  - Questions about experiences with accidents, injuries and near-misses
  - Questions about experiences with compensation
  - Questions about research priorities for this sector

### GENERAL INFORMATION AND DEMOGRAPHICS

1) <b>Gender:</b>									
2) <b>Age:</b>									
3) <b>Did you grow up on a farm/agricultural operation?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>								
4) <b>Relationship to the farm/operation or owner:</b>									
5) <b>Number of years working in agriculture:</b>									
6) <b>Number of years as an owner/operator:</b>									
7) <b>Education:</b>									
8) <b>Number of employees:</b>	<table border="1"><tr><td>Total</td><td></td></tr><tr><td>Full-time</td><td></td></tr><tr><td>Part-time, but year-round</td><td></td></tr><tr><td>Seasonal</td><td></td></tr></table>	Total		Full-time		Part-time, but year-round		Seasonal	
Total									
Full-time									
Part-time, but year-round									
Seasonal									

9) **Where do your employees come from?**

Local  Provincial  International  Don't know

10) **Has the number of employees on your farm/operation changed over the past 10 years?**

Total	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Details/ Reasons for change:
Full-time	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Details/ Reasons for change:
Part-time, but year-round	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Details/ Reasons for change:
Seasonal	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	Details/ Reasons for change:

11) **Do you have any formal agricultural safety training?** Yes  No

**Details:**

12) **What kinds of training/experience do your employees have...**

a. **In agriculture?**

b. **In agricultural safety?**

**FARM OPERATIONS**

1) Number of farms/agricultural operations owned:

2) Operation size(s):

	OPERATION #1	OPERATION #2	OPERATION #3
Approximate Size (in acres)			

3) Other details:

	OPERATION #1	OPERATION #2	OPERATION #3
<b>Commercial Status</b>	Commercial <input type="checkbox"/> Artisanal <input type="checkbox"/>	Commercial <input type="checkbox"/> Artisanal <input type="checkbox"/>	Commercial <input type="checkbox"/> Artisanal <input type="checkbox"/>
<b>Seasonal Status</b>	Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/>	Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/>	Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/>
<b>Incorporation Status</b>	Incorporated <input type="checkbox"/> Non-incorporated <input type="checkbox"/>	Incorporated <input type="checkbox"/> Non-incorporated <input type="checkbox"/>	Incorporated <input type="checkbox"/> Non-incorporated <input type="checkbox"/>
<b>Commodities Produced</b>			
<b>Major Activities</b>	Spring:  Summer:  Fall:	Spring:  Summer:  Fall:	Spring:  Summer:  Fall:

	<b>Winter:</b>	<b>Winter:</b>	<b>Winter:</b>
<b>Machinery Used</b>			
<b>Workers Compensation Paid Into?</b>	<b>For yourself:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>For your employees:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>For yourself:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>For your employees:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>For yourself:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>For your employees:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

**AGRICULTURAL HAZARDS**

1) Please indicate which of the following you feel are present on your farm/operation:

Tractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power take-off	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Augers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ATVs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chainsaws	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heat, cold, or wind	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Slips, trips and falls	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confined spaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Chemical exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bending, lifting, twisting, and/or repetitive motion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dust	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergen	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entrapment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drowning	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crushing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work-related stress	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Other:</b>		

2) **Have any of the above hazards ever been the source of an accident, injury, or illness on your farm/operation?**

Yes     No     Don't know

**If yes, please indicate which ones, as well as whether or not the injury/illness was reported to the WHSCC.**

<b>HAZARD</b>	<b>INJURY/ILLNESS?</b>		<b>REPORTED?</b>	
Tractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power take-off	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Augers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ATVs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chainsaws	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical Hazards	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Animals	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Heat, cold, or wind	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Slips, trips and falls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Confined spaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemical exposures	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bending, lifting, twisting, and/or repetitive motion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dust	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fatigue	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entrapment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drowning	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Crushing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Working alone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Work-related stress	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Other:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

***If you are paying into workers' compensation through the WHSCC-NL:***

3) **What do you think of the overall program?**

4) **Do you know if children are covered under this program?**    Yes     No

5) **Are you aware of the PRIME program through the WHSCC-NL?**    Yes     No

**If yes, have you applied for this program?**    Yes     No

6) In your opinion, what are the top four agricultural health and safety issues in Newfoundland and Labrador?

#1	
#2	
#3	
#4	

7) What types of agricultural safety issues would you like to know more about?

***TRACTOR SAFETY***

8) How many tractors do you have on your farm/operation?

9) What make(s)/model(s) are your tractors?

10) When and where did you buy your tractors?

APPROX. YEAR	LOCATION	NUMBER & TYPE BOUGHT

11) For what agricultural activities do you use your tractors?

12) In your experience, what are the main hazards associated with working on tractors?

13) Have you or has anyone on your farm/operation ever been injured while working on a tractor?

Yes  No  Don't know

If yes, what happened?

Which tractor was involved?



14) **Have you or has anyone on your farm/operation ever had a close call while working on a tractor?**

Yes       No       Don't know

**If yes, what happened?**

**Which tractor was involved?**

15) **How many of your tractors are equipped with the following features?**

Rollover protection systems	
Seatbelts	
Power take-off shields	

**If any of your tractors are equipped with a seatbelt, do you wear it?**      Yes       No

**Why or why not? (Prompt about whether they believe ROPS-equipped tractors should be used with seatbelts.)**

***The OHS Act in Newfoundland and Labrador includes a number of regulations relevant to the agricultural industry in this province.***

16) Are you aware of this legislation and the ways in which it applies to you? Yes  No

17) Have you ever received a visit from an OHS officer? Yes  No

18) Are you aware of the portion of this legislation that requires ROPS on tractors?

Yes  No

19) Which, if any, of your current tractors...

a. Came to you with a rollover protection system (ROPS) already installed?

b. Had a rollover protection system (ROPS) added to it after you bought it?

If any, by whom was it installed? You  Professional welding shop  Other

If any, what was the reason for its installation?

20) If you own any tractors that are currently NOT equipped with rollover protection system (ROPS), have you considered purchasing one(s)?

Yes  No

21) Roughly how much would you be willing to pay for a ROPS? For installation?

**We are trying to figure out what happens to older tractors in Newfoundland and Labrador.**

22) **Have you ever sold a tractor?** Yes  No

**If so, how many?**

**Roughly how many were bought by...**

a) **Commercial farmers?**

b) **Other?**

**In the case of sold tractors, did you know what the new owner(s) planned to do with it?**

**Were any of the tractors sold not ROPS-equipped?** Yes  No  Don't know

## **CLOSING**

- Ask for any additional comments, suggestions, and/or remarks
- Explain how the rest of the research will proceed
- Explain what will be done with the data that is collected
- Provide details on any further follow-up that may be requested
- Ask whether the participant wants to receive a plain language summary of the findings, and if yes, ensure that either a mailing address or an email address (their preference) is obtained on the consent form
- Ask whether they know of any farmers they think would like to participate
- Thank the participant for his/her time and contributions