**APPENDIX 2**

**Woodlot Safety Program**

**Forms**

**Note:** The BC Forest Safety Council does not assume liability for the information contained in this document. This information is intended as a starting point for developing procedures and it is the users’ responsibility to confirm, modify or discard as necessary procedures for their specific piece of equipment and activity.



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**Form 1- Woodlot Worker-New Worker-IOO Contractor Assessment Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Woodlot # | Worker or IOO Contractor Name (first & last): | | | | | Worker Occupation: | | | | | Date of Assessment: | |
| Check off all that apply: | | | | | | | | | | | | |
| New Worker | |  | Returning Worker |  | | Monthly Assessment | | |  | Worker Observation | |  |
| Frequency of assessment dependant on risk of activity and competency level of worker. Complete for each employee and IOO Contractor at least once during duration of activity. This checklist should also be used to assess a new hire or a returning worker that has been away from the job for more than 6 weeks. Check appropriate boxes if “unsafe” or mark N/A. If “unsafe”, provide corrective action comments for worker. | | | | | | | | | | | | |
| **Company Policies & Procedures** | | | | | **“X” if**  **Unsafe** | | | **Corrective action comments :** | | | | |
| Can locate Emergency Response Plan | | | | |  | | |  | | | | |
| Knows personal location on map | | | | |  | | |  | | | | |
| Can identify “Safe” areas | | | | |  | | |  | | | | |
| Can identify FA attendant(s) | | | | |  | | |  | | | | |
| Has appropriate First Aid equipment | | | | |  | | |  | | | | |
| **Safe Work Procedures for task** | | | | |  | | |  | | | | |
| Can identify worksite hazards | | | | |  | | |  | | | | |
| Is alert and focused on job | | | | |  | | |  | | | | |
| Demonstrates safe use of tools & equip. | | | | |  | | |  | | | | |
| Demonstrates Lock-out procedures | | | | |  | | |  | | | | |
| Uses 3 point mount / dismount | | | | |  | | |  | | | | |
| Has pre-operational checklist(s) | | | | |  | | |  | | | | |
| Has required licence / certificate(s) | | | | |  | | |  | | | | |
| Demonstrates proper use of seat belt | | | | |  | | |  | | | | |
| **Before “clear to approach” signal given** | | | | |  | | |  | | | | |
| Stops work & makes eye contact | | | | |  | | |  | | | | |
| Stops all moving parts or tools | | | | |  | | |  | | | | |
| Lowers blade / boom / head / saw | | | | |  | | |  | | | | |
| Gives “clear to approach” signal | | | | |  | | |  | | | | |
| **Personal Protective Equipment (PPE)** | | | | |  | | |  | | | | |
| Hard hat of contrasting colour | | | | |  | | |  | | | | |
| Uses appropriate eye / face protection | | | | |  | | |  | | | | |
| Uses required hearing protection | | | | |  | | |  | | | | |
| Wears high visibility / protective clothing | | | | |  | | |  | | | | |
| Wears appropriate footwear for job | | | | |  | | |  | | | | |
| **Other:** | | | | |  | | |  | | | | |
| **Additional Comments:**   * New worker is competent to perform assigned duties under normal supervision | | | | | | | | | | | | |
| Signature of Employee / IOO Contractor: | | | | | | | Signature of Supervisor / Trainer: | | | | | |

**Form 2 – Woodlot Statement of Supervisor Qualifications**

**Woodlot#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Also please refer to Form 14- Training and Certification Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supervisor’s name:** |  | | | |
| **Years of experience:** | Woodlot supervision: | Logging supervision: | Silviculture supervision: | Other (Describe) : |
|  |  |  |  |
| **Years since last loss time incident:** |  | | | |
| **Other evidence of supervisory qualifications:** |  | | | |

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

**Form 3 - Woodlot Corrective Action Log (CAL)**

Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audit Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Identified Problem** | **Corrective Action** | **Person Responsible** | **By When** | **Date Completed** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Form 4** |  |

**Woodlot Site Hazard Assessment/ Site Inspection/ Pre-Work Meeting/Daily Pre-Shift Safety Meeting**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Woodlot#:\_\_\_\_\_\_\_\_\_\_\_\_\_ Site:\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Check off all that apply:** | **Site Hazard Assessment** |  | **Site Inspection:** |  | **Pre-Work Meeting** |  | **Daily Pre Shift Safety meeting** |  |

**Persons Present:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (Print)**  Use reverse of sheet if necessary | **Signature** | **Check off if employee** | **Contractor (name)** | **Sub-contractor (name)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Discussion with crew:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Emergency Muster Point: | | | | | | | | | |
| Latitude and Longitude for Helicopter Evacuation Site: | | | | | | | | | |
| Barriers to providing First Aid to an injured worker on any part of the work site (long walks, steep slopes etc.): | | | | | | | | | |
| Potential time/logistic difficulties in transporting an injured worker to a treatment facility:  Description of evacuation route: | | | | | | | | | |
| Any safety incidents including close calls relating to those changing conditions? | | | | | | | | | |
| Communications devices checked? | Radio: |  | Sat phone: | |  | Cell phone: |  | Other: |  |
| Radio channel confirmed: | | | | | | | | | |
| ETV checked and positioned correctly? | | | | ETV location: | | | | | |
| Name of first aid attendant for shift: | | | | | | | | | |
| Types of injuries likely to occur today: | | | | | | | | | |
| Risks and hazards on site (Any significant changes to work site and operational conditions? e.g. steep slopes, danger trees, wind, road conditions, new activities?) | | | | | | | | | |
| Has a Corrective Action Log (CAL) been completed for any new conditions or hazards? | | | | | | | | | |
| Equipment Inspected? Equipment requiring repair today : | | | | | | | | | |
| Check in frequency agreed to: | | | | Check in person: | | | | | |
| Personal protective equipment being worn and in good condition by all? | | | | | | | | | |
| Warning signage placed? Barriers positioned? | | | | | | | | | |
| Safety Alerts discussed (name)? | | | | | | | | | |

**CAL (Review each day)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified Problem** | **Required Corrective Action** | | **By whom** | **By When** | **Date Done** |
|  |  | |  |  |  |
|  |  | |  |  |  |
| Supervisor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Form 5 -Woodlot First Aid Assessment Worksheet for Timber Harvesting**

# For Woodlot with surface travel time to hospital over 20 minutes

At the start of each operating season (e.g. summer logging, winter logging) the woodlot holder will complete a first aid assessment as follows:

1. Woodlot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| (**2a) Hazard rating on Assigned Hazard Rating List** | *Logging= HIGH* |
| (b) Job functions, work processes and tools: | *Mechanical logging; or name other logging method:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| (c) Types of injuries that potentially occur: | *Slips, trips, falls, cuts, bruises, sprains, broken bones* |
| (d) Rating adjustment: if adjusted provide documentation ; otherwise *HIGH* |  |
| 4(b) Total number of workers per shift ; | \_\_\_\_\_\_\_\_\_\_\_\_\_*\_workers* |
| 5 (f) Barriers to first aid: | Circle: *None;* *uncontrolled railway Xing ; road closings; or Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(describe)* |

**Table 5**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a high risk of injury and that is more than 20 minutes surface travel time away from a hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| 1 | Personal first aid kit |  |  |
| 2-5 | Level 1 first aid kit | Level 1 certificate |  |
| 6-10 | Level 1 first aid kit   * ETV equipment | Level 1 certificate with Transportation Endorsement | ETV |
| 11-30 | Level 3 first aid kit   * Dressing station | Level 3 certificate | ETV |

|  |  |
| --- | --- |
| **Assessment Results- Fill in Using Table 5 above** | |
|  | |
| **Supplies/equipment/facilities required** (from Col. 2 Table 5): |  |
| **Certificate Level of first aid attendant** (From Col. 3 Table 5)**:** |  |
| **Transportation needs** (From Col. 4 Table 5)**:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

**Form 6 - Woodlot First Aid Assessment Worksheet for Timber Harvesting**

**For woodlot with surface travel to hospital under 20 minutes**

At the start of each operating season (e.g. summer logging, winter logging) the woodlot holder will complete a first aid assessment as follows:

1. **Woodlot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **2 (a) Hazard rating on Assigned Hazard Rating List** | *Logging= HIGH* |
| (b) Job functions, work processes and tools: | *Mechanical logging; or name other method:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| (c) Types of injuries that potentially occur: | *Slips, trips, falls, cuts, bruises, sprains, broken bones* |
| (d) Rating adjustment: if adjusted provide documentation ; otherwise *HIGH* |  |
| 4(b) Total number of workers per shift: | \_\_\_\_\_\_\_\_\_\_\_\_\_*\_workers* |
| 5 (f) Barriers to first aid (circumstances which could delay an ambulance service for over 20 minutes): | Circle: *None;* *uncontrolled railway Xing ; road closings; or Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(describe)* |

**Table 6** This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a high risk of injury and that is 20 minutes or less surface travel time away from a hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| 1 | Personal first aid kit |  |  |
| 2-15 | Level 1 first aid kit | Level 1 certificate |  |
| 16-30 | Level 2 first aid kit   * Dressing station | Level 2 certificate  Note: If a barrier (see 5(f) could delay ambulance to over 20 minutes a Level 3 attendant is required. |  |

|  |  |
| --- | --- |
| **Assessment Results- Fill in Using Table 6 above** | |
|  | |
| **Supplies/equipment/facilities required** (from Col. 2 Table 5)**:** |  |
| **Number and Level of first aid attendants** (from Column 3 Table 5)**:** |  |
| **Transportation needs** (from Column 4 Table 5)**:** |  |

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

**Form 7 - Woodlot First Aid Assessment Worksheet for Timber Cruising or Silviculture**

# For Woodlot with surface travel time to hospital over 20 minutes

At the start of each operating season (e.g. spring planting) the woodlot holder will complete a first aid assessment as follows:

1. Woodlot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **2 (a) Hazard rating on Assigned Hazard Rating List** | *Moderate* |
| (b) Job functions, work processes and tools: | *Timber Cruising or Silviculture* |
| (c) Types of injuries that potentially occur: | *Slips, trips, falls, cuts, bruises, sprains, broken bones* |
| (d) Rating adjustment: if adjusted provide documentation ; otherwise *LOW* |  |
| 4(b) Total number of workers per shift ; | \_\_\_\_\_\_\_\_\_\_\_\_\_*\_workers* |
| 5 (f) Barriers to first aid: | Circle: *None;* *uncontrolled railway Xing ; road closings; or Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(describe)* |

**Table 5**: This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a moderate risk of injury and that is more than 20 minutes surface travel time away from a hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| 1 | Personal first aid kit |  |  |
| 2-5 | Level 1 first aid kit | Level 1 certificate |  |
| 6-15 | Level 1 first aid kit and ETV equipment | Level 1 certificate with Transportation Endorsement |  |
| 16-50 | Level 3 first aid kit  Dressing station  ETV equipment | Level 3 certificate | ETV |

|  |  |
| --- | --- |
| **Assessment Results- Fill in Using Table 5 above** | |
|  | |
| **Supplies/equipment/facilities required** (from Col. 2 Table 5): |  |
| **Certificate Level of first aid attendant** (From Col. 3 Table 5)**:** |  |
| **Transportation needs** (From Col. 4 Table 5)**:** |  |

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

**Form 8- Woodlot First Aid Assessment Worksheet for Timber Cruising or Silviculture**

# For Woodlot with surface travel time to hospital under 20 minutes

At the start of each operating season (e.g. spring planting) the woodlot holder will complete a first aid assessment as follows:

1. Woodlot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **2 (a) Hazard rating on Assigned Hazard Rating List** | *Moderate* |
| (b) Job functions, work processes and tools: | ***Timber cruising or silviculture*** |
| (c) Types of injuries that potentially occur: | *Slips, trips, falls, cuts, bruises, sprains, broken bones* |
| (d) Rating adjustment: if adjusted provide documentation ; otherwise *Low* |  |
| 4(b) Total number of workers per shift: | \_\_\_\_\_\_\_\_\_\_\_\_\_*\_workers* |
| 5 (f) Barriers to first aid (circumstances which could delay an ambulance service for over 20 minutes): | Circle: *None;* *uncontrolled railway Xing ; road closings; or Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(describe)* |

**Table 6** This table applies to a workplace that an employer determines under section 3.16 (2) (b) of the Regulation creates a moderate risk of injury and that is 20 minutes or less surface travel time away from a hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| **Column 1  Number of workers per shift** | **Column 2  Supplies, equipment, and facility** | **Column 3  Level of first aid certificate for attendant** | **Column 4 Transportation** |
| 1 | Personal first aid kit |  |  |
| 2-5 | Basic first aid kit | Level 1 certificate |  |
| 6-25 | Level 1 first aid kit | Level 1 certificate |  |
| 26-75 | Level 3 first aid kit  Dressing station | Level 3 certificate | ETV |

|  |  |
| --- | --- |
| **Assessment Results- Fill in Using Table 6 above** | |
|  | |
| **Supplies/equipment/facilities required** (from Col. 2 Table 5)**:** |  |
| **Number and Level of first aid attendants** (from Column 3 Table 5)**:** |  |
| **Transportation needs** (from Column 4 Table 5)**:** |  |

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

**Form 9 Woodlot Office Inspection**

Inspection to be completed monthly by office manager. Corrective actions will be completed by due dates.

Woodlot #:\_\_\_\_\_\_\_\_\_

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

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

Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Comment** |
| Electrical cords |  |  |  |
| Electrical switches |  |  |  |
| Electrical outlets & circuits |  |  |  |
| Tripping hazards |  |  |  |
| Entrance/exits clear |  |  |  |
| Stairs safe and clear of hazards;  Handrails present and in good repair |  |  |  |
| Chairs safe |  |  |  |
| File cabinets safe from tipping |  |  |  |
| Workstations ergonomic |  |  |  |
| Lighting adequate |  |  |  |
| Electrical panel labeled and accessible |  |  |  |
| Fire extinguishers checked (and tested annually by qualified person) |  |  |  |
| Smoke alarms tested |  |  |  |
| Other office specific items: |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Office Inspection Corrective Action Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety Issue** | **Corrective Action Required** | **Person responsible** | **Due date** | **Date done** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Form 10 Woodlot Shop Inspection**

Inspection to be completed monthly by shop manager /supervisor. Corrective actions will be completed by due dates.

Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Shop Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Comment** |
| Electrical cords safe |  |  |  |
| Electrical switches safe |  |  |  |
| Electrical outlets & circuits safe |  |  |  |
| GFCI receptacles in wet areas checked |  |  |  |
| Tripping hazards cleaned up |  |  |  |
| Fire exits in building and outside clear of snow and other obstructions |  |  |  |
| Fire exits marked by signs |  |  |  |
| Stairs safe and clear of hazards;  Handrails present and in good repair |  |  |  |
| Guards on all handtools esp. grinders |  |  |  |
| Guards on compressor belts and other stationary shop tools |  |  |  |
| Cylinders secured to walls or otherwise |  |  |  |
| Capacity ratings on all lifts, hoists, jackstands |  |  |  |
| Lifting straps undamaged |  |  |  |
| Lifting chain rating tags attached and chains in good cond’n |  |  |  |
| Lighting adequate |  |  |  |
| Electrical panel labeled and accessible |  |  |  |
| Gas meter and gas shutoff marked |  |  |  |
| Fuels stored outside |  |  |  |
| Level 1 first aid kit present |  |  |  |
| Eyewash station present and marked |  |  |  |
| Bathroom sanitary |  |  |  |
| MSDS Book present |  |  |  |
| Other shop specific items: |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Shop Inspection Corrective Action Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety Issue** | **Corrective Action Required** | **Person responsible** | **Due date** | **Date done** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Form 11 – Woodlot Daily Inspection and Maintenance Record for Mobile Equipment**

Operator will do a pre-shift safety inspection of mobile equipment and notify supervisor if there are any issues.

Instructions:

* Enter date
* Mark box only if item unsatisfactory. Describe unsatisfactory issue in comment column.
* If all items ok check off box at bottom of page.
* Note repairs or service in box at bottom of page

Woodlot #:\_\_\_\_\_\_\_\_Machine # and type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Operator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enter date and “X “ item only if unsatisfactory** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Date** | **Comment re. unsatisfactory item.** |
| Engine oil |  |  |  |  |  |  |  |  |  |  |  |
| Hydraulic fluid |  |  |  |  |  |  |  |  |  |  |  |
| Fuel |  |  |  |  |  |  |  |  |  |  |  |
| Coolant |  |  |  |  |  |  |  |  |  |  |  |
| Service brakes |  |  |  |  |  |  |  |  |  |  |  |
| Parking brake |  |  |  |  |  |  |  |  |  |  |  |
| Exhaust |  |  |  |  |  |  |  |  |  |  |  |
| Steering |  |  |  |  |  |  |  |  |  |  |  |
| Lights |  |  |  |  |  |  |  |  |  |  |  |
| Seat belts |  |  |  |  |  |  |  |  |  |  |  |
| Escape hatch |  |  |  |  |  |  |  |  |  |  |  |
| Tires/tracks |  |  |  |  |  |  |  |  |  |  |  |
| Mirrors |  |  |  |  |  |  |  |  |  |  |  |
| Horn/backup warning signal |  |  |  |  |  |  |  |  |  |  |  |
| Glass |  |  |  |  |  |  |  |  |  |  |  |
| Wipers |  |  |  |  |  |  |  |  |  |  |  |
| Washer fluid |  |  |  |  |  |  |  |  |  |  |  |
| Road radio/sat phone/cel phone |  |  |  |  |  |  |  |  |  |  |  |
| Emergency info |  |  |  |  |  |  |  |  |  |  |  |
| Cab clear of unsecured heavy articles |  |  |  |  |  |  |  |  |  |  |  |
| Fire tools (in season) |  |  |  |  |  |  |  |  |  |  |  |
| **Check off if all items ok** |  |  |  |  |  |  |  |  |  |  |  |

**Repairs and Service Done:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Hours** | **Details** |
|  |  |  |
|  |  |  |
|  |  |  |

**Form 12 - Daily Inspection Form for Crew Vehicle**

Driver will do a pre-trip safety inspection of vehicle and notify supervisor if there are any issues. (Mandatory if 3 or more passengers carried including driver- WorkSafeBC Regs 17.01-17.14)

Instructions:

* Enter date
* Mark box only if item unsatisfactory. Describe unsatisfactory issue in comment column.
* If all items ok check off box at bottom of page.
* Note repairs or service in box at bottom of page

Woodlot #\_\_\_\_\_\_\_\_\_Vehicle # and type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Enter date and “X “ item only if unsatisfactory** | **Date** | **Date** | **Date** | | **Date** | | **Date** | | **Date** | **Date** | **Date** | **Date** | **Date** | **Comment re. Unsatisfactory item.** |
| Oil |  |  |  | |  | |  | |  |  |  |  |  |  |
| Coolant |  |  |  | |  | |  | |  |  |  |  |  |  |
| Brakes |  |  |  | |  | |  | |  |  |  |  |  |  |
| Parking brake |  |  |  | |  | |  | |  |  |  |  |  |  |
| Exhaust |  |  |  | |  | |  | |  |  |  |  |  |  |
| Steering |  |  |  | |  | |  | |  |  |  |  |  |  |
| Lights (Head, tail, signal, brake) |  |  |  | |  | |  | |  |  |  |  |  |  |
| Seat belts (# & cond'n |  |  |  | |  | |  | |  |  |  |  |  |  |
| Tires |  |  |  | |  | |  | |  |  |  |  |  |  |
| Mirrors |  |  |  | |  | |  | |  |  |  |  |  |  |
| Horn |  |  |  | |  | |  | |  |  |  |  |  |  |
| Windshield condition |  |  |  | |  | |  | |  |  |  |  |  |  |
| Wipers |  |  |  | |  | |  | |  |  |  |  |  |  |
| Washer fluid |  |  |  | |  | |  | |  |  |  |  |  |  |
| Radio/sat phone/cel phone |  |  |  | |  | |  | |  |  |  |  |  |  |
| Cab clear of unsecured heavy articles |  |  |  | |  | |  | |  |  |  |  |  |  |
| Loose articles secured in box |  |  |  | |  | |  | |  |  |  |  |  |  |
| Fire tools (in season) |  |  |  | |  | |  | |  |  |  |  |  |  |
| First aid kit |  |  |  | |  | |  | |  |  |  |  |  |  |
| **Check off if all items ok** |  |  |  | |  | |  | |  |  |  |  |  |  |
| **Repairs or service** | | | | **Date** | | **Km** | | **Details** | | | | | | |
|  | | | |  | |  | |  | | | | | | |
|  | | | |  | |  | |  | | | | | | |
|  | | | |  | |  | |  | | | | | | |

**Form 13 - Woodlot Safety Orientation Checklist**

All employees and dependent contractors operating under the woodlot safety plan must review the following general areas **on their first day before they start work or when returning to work after an absence of longer than 6 weeks**.

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

Woodlot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Woodlot Policies** | |
| * Forest Safety Accord | * Woodlot Health & Safety Policy |
| * Name of Supervisor | * Job Roles and Responsibilities |

|  |  |
| --- | --- |
| **Review of Safety Policies and Procedures** | |
| * PPE policy and requirements | * Right to refuse unsafe work |
| * First Aid procedures and facilities, equipment and personnel | * Check-in procedures for working alone or in isolation |
| * Hazard / close-call / incident reporting requirements and procedures | * WHMIS orientation and location of the Material Safety Data Sheets (MSDS) |
| * Required safety / inspection checklists | * Injury management program (If Woodlot has such a program) |
| * Required attendance at safety meetings | * Progressive discipline policy |
| * Emergency Response Plan (ERP), along with emergency procedures and contact numbers | * Risk of violence in the workplace and procedures for dealing with violent situations |
| **List**  Training, certification & qualifications verified by the company | **List** Applicable Safe Work Procedures reviewed with worker. (Use back of form as necessary) |
|  |  |
|  |  |
| **Name and Signature of Employee:** | **Name and Signature of Supervisor:** |

**Form 14- Woodlot Training and Certification Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **Certificate Type** | **Certificate #** | **Expiry Date** | **Copy Attached** |
| **Driver’s License and Level** |  |  |  |
| **Air Brake Endorsement** Highway or Industrial |  |  |  |
| **First Aid** (Level\_\_\_\_\_\_\_\_\_) |  |  |  |
| **First Aid Transportation Endorsement** |  |  |  |
| **WHMIS** (Workplace Hazardous Materials Information System) |  |  |  |
| **S100** (Fire Suppression and Safety Training) |  |  |  |
| **S100 – A** (Refresher) |  |  |  |
| **Faller Certification** |  |  |  |
| **Falling Supervisor Training** |  |  |  |
| **Blasting Ticket** |  |  |  |
| **Professional / Technical Designation** |  |  |  |
| **SEBASE- ISEBASE Training** |  |  |  |
| **SAFE** **Certification** |  |  |  |
| **Other:** |  |  |  |
|  |  |  |  |

To receive a FREE Driver’s Abstract, call 1.800.950.1498, or go to your nearest Government Access Centre. There are two types of abstracts - Public (P) and National Safety Code (N) – if you are a commercial driver, make sure you ask for the N abstract.

Woodlot#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 15 Woodlot Hazard or Close Call Report Form**

|  |  |
| --- | --- |
| **Date:** |  |
| **Woodlot #** |  |
| **ID’d By:** |  |
| **Location:** |  |
| **Description:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard or Close Call Type (check)** | |  | **Hazard or Close Call Classification (check)** | |
| Immediate threat to life |  |  | Road condition |  |
| Potential threat to life or serious injury |  |  | Layout |  |
| Potential injury |  |  | Timber |  |
| Ergonomic (MSD) hazard |  |  | Damaged equipment |  |
| Minor hazard-injury unlikely |  |  | Slip, trip or fall |  |
| Other : |  |  | Temperature |  |
|  | Fire hazard |  |
|  |  |  | Chemical |  |
|  |  |  | Machine guard |  |
|  |  |  | Damaged or improper PPE |  |
|  |  |  | Electrical |  |
|  |  |  | Other: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Safety Issue:** | **Corrective action:** | **Assigned to:** | **Due date:** | **Completed date:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form 16 - Incident Investigation Long Form**  **Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please refer to reference material at the end of this form to assist in filling out required fields.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incident #: (office use only) | | | | | | | Woodlot# | | | | | | | Date of Incident (dd/mm/yyyy) | | | | | | | | | | | | Time of Incident | | | | | | | | |
|  | | | | | | |  | | | | | | |  | | | | | | | | | | | |  | | | AM | | | | PM | |
| Primary Type of Incident (select one) | | | | | | | | Recordability of Injury (select one) | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Injury |  | | Property Damage / Fire | | |  | Close Call | |  | | First Aid | | | | | | |  | | | Medical Aid | | | | | | |  | Fatality | | | |
|  | | Close Call |  | | Process Loss | | |  | Medical Treatment | |  | | Restricted Work | | | | | | |  | | | Lost Time | | | | | | | | | | | |
| Injured/Involved Person(s) Name(s) | | | | | | | | Department (if applicable) | | | | | | | | | | | | Supervisor | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | N/A | |  | | Employee | | Witness(es) | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Visitor | |  | | Contractor | | Operation Condition at Time of Occurrence (select one only) | | | | | | | | | |  | | | Normal | | | | |  | | Scheduled Maintenance | | | |  | | Upset |
| Contractor Business Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exact Location of Incident | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Reported (D/M/Y) | | | Date Investigated (D/M/Y) | | | | | Date of Last Revision (D/M/Y) | | | | Time in Position | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | |  | | | | Years: | | | | | | | | | | Months/Days: | | | | | | | | | | | | |
| Cost Estimate: Property / Equipment Damage | | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | |
| Risk Level  (use reference material located on the last page of this form) | | | | | | | | | | | | High 🡪 Low | | | | | | | | | | | | | | | | | |
| 1 | What was the risk level of this incident? (please choose one) | | | | | | | | | | |  | | | 1 |  | 2 | |  | | | | | 3 |  | | 4 | | |
| 2 | What could have been the *potential* severity level? (please choose one) | | | | | | | | | | |  | | | 1 |  | 2 | |  | | | | | 3 |  | | 4 | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cause Analysis | | | | | |
| Primary Type of Incident (select one) | | | | | |
|  | Struck against (running, bumping into) |  | Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise) |  | Overstress, overpressure, overexertion, ergonomic |
|  | Struck by (hit by moving object) |  | Caught in (pinch & nip points) |  | Violence |
|  | Fall from elevation to lower level |  | Caught between / under (crushed or amputated) |  | Non-specific |
|  | Fall from same level (slips & fall, trip over) |  | Environmental release |  | Other |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Injury Information (select *all* that apply) | | | | | | | | | | | | |
| Nature of Injury | | | | | | | | | | | | |
|  | Allergies / sensitivities | | | |  | | Cut / puncture / open wound | |  | | Hernia / rupture | |
|  | Amputation | | | |  | | Dislocation | |  | | Infection | |
|  | Asphyxiation | | | |  | | Electric shock | |  | | Respiratory conditions | |
|  | Bruise / contusion | | | |  | | Foreign body | |  | | Scratch / abrasion | |
|  | Burn | | | |  | | Fracture | |  | | Sprains / strains – joints, muscles | |
|  | Concussion | | | |  | | Hearing loss | |  | | Other occupational injuries | |
| Body Part | | | | | | | | | | | | |
|  | | Abdomen | | L  R |  | Face | | L  R |  | Neck | | L  R |
|  | | Ankle | | L  R |  | Hand | | L  R |  | Shoulder | | L  R |
|  | | Arm | | L  R |  | Wrist | | L  R |  | Foot | | L  R |
|  | | Back | | L  R |  | Groin | | L  R |  | Mouth / teeth | | L  R |
|  | | Chest | | L  R |  | Head | | L  R |  | Multiple part | | L  R |
|  | | Ear | | L  R |  | Hip | | L  R |  | Other | | L  R |
|  | | Elbow | | L  R |  | Knee | | L  R |  | | | |
|  | | Eye | | L  R |  | Leg | | L  R |  | | | |
| Source of Injury | | | | | | | | | | | | |
|  | Chemicals | | | |  | | Human | |  | | Petroleum products | |
|  | Conveyor | | | |  | | Ladders | |  | | Power tools | |
|  | Debris / scrap | | | |  | | Logs | |  | | Slivers | |
|  | Electrical equipment | | | |  | | Lumber | |  | | Steam | |
|  | Fasteners | | | |  | | Machine parts | |  | | Work area | |
|  | Fire / smoke | | | |  | | Mobile equipment | |  | | Working surface | |
|  | Hand tools | | | |  | | Noise | |  | | Other (provide details below): | |
|  | Heat | | | |  | | Office equipment | |  | | | |
|  | Hoisting equipment | | | |  | | Pallets | |  | | | |
| Other | | |  | | | | | | | | | |
|  | | | | | | | | | |
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| Incident Description (describe events leading up to, during and post-incident) |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Immediate Causes (select and describe *all* that apply) | | | | | | | | |
| 1 |  | Failure to follow safe work practices or rules | 9 |  | Inadequate awareness of surroundings | 17 |  | Poor housekeeping / disorder |
| 2 |  | Improper use of equipment / tools | 10 |  | Improper placement, storage or securement | 18 |  | Worksite conditions / congestion / visibility |
| 3 |  | Inadequate grip or hold | 11 |  | Repetitive motion | 19 |  | Inadequate warning systems |
| 4 |  | Improper lifting / pushing / pulling | 12 |  | Inadequate use of safety devices | 20 |  | Inadequate / improper protective equipment |
| 5 |  | Failure to obtain assistance | 13 |  | Under influence of alcohol and / or drugs | 21 |  | Inadequate labeling |
| 6 |  | Failure to warn or instruct | 14 |  | Weather conditions | 22 |  | Other – please specify: |
| 7 |  | Failure to lockout | 15 |  | Fire / explosion |
| 8 |  | Failing to use PPE properly | 16 |  | Absence of guards and / or barriers |
| Description of Immediate Causes (for each item selected above, please describe here): | | | | | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Root Causes (select and describe *all* that apply) | | | | | | | | |
| 1 |  | Inadequate work planning or programming | 7 |  | Inadequate assessment of needs, risks and / or hazards | 13 |  | Inadequate change management |
| 2 |  | Inadequate communication standards | 8 |  | Inadequate maintenance system | 14 |  | Inadequate employee skill |
| 3 |  | Inadequate policy, procedures, practices or guidelines | 9 |  | Inadequate engineering and / or design | 15 |  | Fatigue due to lack of rest |
| 4 |  | Improper performance is rewarded (tolerated) | 10 |  | Inadequate or lack of inspections | 16 |  | Mental / physical stress |
| 5 |  | Inadequate performance feedback | 11 |  | Inadequate purchasing standards: tools / equipment / materials | 17 |  | Inadequate physical capability |
| 6 |  | Supervision / leadership | 12 |  | Inadequate training standards | 18 |  | Other – please specify: |
| Description of Root Causes (for each item selected above, please describe here): | | | | | | | | |
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| --- | --- | --- | --- | --- |
| Site Corrective Actions (immediate, short term, long term) | By Whom | By When (D/M/Y) | Date Completed  (D/M/Y) | Verified by  (initial) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| System Corrective Actions (immediate, short term, long term) | By Whom | By When (D/M/Y) | Date Completed  (D/M/Y) | Verified by  (initial) |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| Approvals | Print name | Signature | Date (D/M/Y) |
| Investigation leader |  |  |  |
| Investigation team members |  |  |  |
|  |  |  |  |
| Corrective action assignee(s) |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Reference Material: | | | | | | | |
| Incident # (eg. 2009-Apr-30-A) | | | Year | Month  (3 letters) | Day | “A” for first incident of day, “B” for second incident of day etc. | |
| YYYY | MMM | DD | A/B/C or D etc. | |
| Operation Condition at Time of Occurrence | | | | | | | |
| Normal: | | Normal operating process | | | | | |
| Scheduled Maintenance: | | Planned and scheduled maintenance | | | | | |
| Upset: | | An interruption and / or non-routine break in normal operating process. Includes unscheduled maintenance | | | | | |
| Date of last SWP: | | Indicates the most recent date the Safe Work Procedures (also known as JSB, JSA) for the job was reviewed and signed off with a supervisor | | | | | |
| Security Level Questions – Risk Assessment | | | | | | | |
| Risk Level Index | | | | | | | |
| 1 | Level 1 | Fatality OR Property Damage Exceeding $500,000 | | | | | |
| Level 2 | Employee admitted to hospital or probably permanent disability OR property damage between $100,000 and $500,000 | | | | | |
| Level 3 | Employee not able to perform all of their regular duties OR property damage between $10,000 and $100,000 | | | | | |
| Level 4 | Employee able to perform all their regular duties OR property damage less than $10,000 | | | | | |
| Probability Index of Occurrence | | | | | | | Example |
| 2 | A | Likely to occur immediately | | | | | Could happen any day |
| B | Probable in time | | | | | Likely to happen if conditions are repeated |
| C | Possible in time | | | | | Under the right conditions, the incident might be repeated |
| D | Remotely possible | | | | | Even under similar conditions, it is unlikely the incident will be repeated |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Probability of Occurrence | | | | |
| Potential Severity |  | A | B | C | D |
| 1 | **1** | **1** | **1** | **2** |
| 2 | **1** | **2** | **2** | **3** |
| 3 | **2** | **2** | **3** | **3** |
| 4 | **2** | **2** | **3** | **4** |
| *For page 1, Question 2, mark the number that is indicated on the Risk Assessment Grid above* | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

**Form 17- Incident Investigation Short Form**

|  |  |
| --- | --- |
| Date of Incident: | Woodlot#: |
| Date Reported: | Location of Incident: |
| Reported to: | Job being performed: |
| Persons involved: | |
|  | |
| Witnesses: | |

|  |  |  |
| --- | --- | --- |
| **Type of Incident** | **Check** | **Describe Incident/Close Call**  (draw diagram on separate sheet) |
| close call |  |  |
| bodily injury/illness |  |  |
| lost time |  |  |
| dangerous goods spill |  |  |
| fire |  |  |
| vehicle incident / damage |  |  |
| ATV incident / damage |  |  |
| equipment damage |  |  |
| other (describe) |  |  |
| other (describe) |  |  |

|  |
| --- |
| Statement from any individual or witnesses involved in incident / close call (attach as separate sheet if necessary): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe immediate and root cause of incident / close call:** | | | | |
|  | **Check Off Immediate Cause(s)** | | **Check off Root Cause(s)** | |
| Notes: |  | failure to follow safe work procedures |  | inadequate work planning, engineering, design |
| Notes: |  | improper use of equipment/tools/lockout |  | inadequate policies and/or procedures |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Notes: |  | failure to warn or instruct |  | inadequate communications |
| Notes: |  | body  otions – pushing, pulling repetition |  | inadequate supervision |
| Notes: |  | improper use of PPE |  | inadequate risk/hazard assessment |
| Notes: |  | inadequate awareness of surroundings |  | mental, physical stress/fatigue |
| Notes: |  | poor housekeeping |  | inadequate maintenance/inspections |
| Notes: |  | worksite conditions – weather congestion, layout, (circle) |  | inadequate physical abilities |
| Notes: |  | other |  | other |

|  |  |  |  |
| --- | --- | --- | --- |
| **Corrective actions:** | **Assigned to:** | **Due date:** | **Completed date:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Form 18**

**FOREST INDUSTRY SAFETY ALERT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company name)

**Serious Close Call or Serious Incident**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Incident name)

**Location:**

**Date of Incident:**

**Details of Incident** (insert picture if relevant) **:**

**Recommended Preventative Actions:**

**For more information, please call:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

At :( ) ( ) ( )

|  |  |
| --- | --- |
| **Form 19 – Woodlot Non-Prime Contractor Pre-Qualification Checklist**  (The woodlot company needs to show that it reviews a potential contractor’s health and safety program before hiring. If the contractor employs sub-contractors then a separate pre-qualification checklist must be completed. ) | |
| **Company Name:** | **Company Address:** |
| **Name of Health and Safety Contact/Supervisor :**  **Phone:** | |
| **Name of designated supervisor at woodlot site :**  **Phone:** | |
| **SAFE Certification Number:** | |
| **SAFE Certification Category : (check ) \_\_\_\_BASE; \_\_\_\_\_SEBASE; \_\_\_\_ISEBASE; \_\_\_\_ IOO** | |
| **Standing with WorkSafeBC :**  **Satisfactory clearance letter provided: \_\_\_ yes \_\_\_ no** | **Comment:** |
| **Company Safety Program reviewed:**   * **Safety meetings with employees- how often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Site inspections? How often?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Machine inspections? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Incident investigations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Any WorkSafeBC inspections and orders in past 12 months?** | **Comment if orders received:** |
| **Last year how many :**   * **Days lost time?\_\_\_\_\_\_\_\_\_\_** * **First aid cases?\_\_\_\_\_\_\_\_\_\_\_** * **Number and type of incidents?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Any fatalities in past 5 years? If yes details:** | |

**Acknowledgement that the information provided is correct**

**Contractor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Woodlot #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Form 20 - Woodlot Contractor (Non-Prime) Inspection Checklist**

To be completed by the Woodlot licensee at the commencement of activities by the contractor and monthly thereafter. Shaded squares require a written answer. If checking NA note why in Comment section. Copy to be given to contractor if corrective actions required. (Form not to be used with a Prime Contractor)

|  |  | **Yes** | **No** | **NA** | **Comment/Answer** |
| --- | --- | --- | --- | --- | --- |
|  | Is the designated supervisor an on-site supervisor? |  |  |  |  |
|  | Do you have documented pre-work meetings with your crew(Review doc’s) |  |  |  |  |
|  | Does the pre-work include and name your subcontractors? (Review doc’s) |  |  |  |  |
|  | Does the pre-work document block hazards? (Review doc’s) |  |  |  |  |
|  | Is the pre-work an ongoing record?  (Review doc’s) |  |  |  |  |
|  | How are hazards identified and communicated at the site after the pre-work? |  |  |  |  |
|  | Do your subcontractors provide you with the names of their designated supervisors? |  |  |  |  |
|  | How is this documented? |  |  |  |  |
|  | How do you co-ordinate the activities of your sub-contractors at the site to ensure the Health and Safety of all workers is maintained? |  |  |  |  |
|  | What are your procedures in the workplace to ensure safe access? Is the required signage posted? |  |  |  |  |
|  | Have you done a first aid assessment for this site? (Review doc’s) |  |  |  |  |
|  | What first aid services/coverage do you provide? |  |  |  |  |
|  | How are you conducting regular inspections of the worksite, work methods & practices, including doing worker (including fallers) inspections?  (Review doc’s) |  |  |  |  |
|  | Do you have a site safety plan and is it available to all employees, and sub-contractor employees at the worksite? |  |  |  |  |
|  | What is your safety meeting process? |  |  |  |  |
|  | Do all your employees and subcontractor employees attend the safety meetings? |  |  |  |  |
|  | Are safety meeting minutes present on site? (Review doc’s) |  |  |  |  |
|  | Are all safety incidents reported and investigated? (Review doc’s) |  |  |  |  |
|  | How do your employees report hazards? What does the follow up process look like? |  |  |  |  |
|  | Is the ERP on site and available to workers? (Review doc’s) |  |  |  |  |
|  | Does your ERP cover emergency medical evacuation, first aid, fatalities, fire, natural disasters? (Review doc’s) |  |  |  |  |
|  | How is your ERP communicated? |  |  |  |  |
|  | When was your ERP last tested (including communications devices)? |  |  |  |  |
|  | Do you have qualified supervisors for your fallers (if applicable) |  |  |  |  |
|  | Do you have safe work procedures for all activities being carried out by your crew? (Review doc’s) |  |  |  |  |
|  | Do your safe work procedures include machine specific lockout requirements? (Review doc’s) |  |  |  |  |
|  | What does the firm’s orientation process look like for new workers and sub-contractors including your service providers arriving at the worksite? |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Improvements Required** | **Required Corrective Action** | **Person Responsible** | **By When** | **Date Done** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Woodlot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**Form 21 -Woodlot Prime Contractor Pre-Qualification Checklist**

To be completed by the woodlot licensee to determine if a contractor is qualified to be made Prime. Copy to be given to contractor if corrective actions are required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Prime Contractor Name:** | | **Date:** | |
| 1 | **WorkSafeBC Clearance attached** | **Date:** | |
| 2 | **SAFE Certification** | **Number#** | **Expiry date:** |

|  |  |  |
| --- | --- | --- |
| 3 | **Safety Program Content** | Present? |
|  | Statement of Contractor’s safety policy and individual responsibilities. |  |
|  | Safety meeting requirements (including documenting them). |  |
|  | Incident Investigation process (including close calls). |  |
|  | Inspection and auditing procedures (including housekeeping). |  |
|  | Department of Transportation compliance procedures (i.e. copies of driver’s licenses, truck log books). |  |
|  | Employee training process |  |
|  | Specific work rules and/or processes (i.e. SWP’s, SOP’s, etc.) |  |
|  | WHMIS training. |  |
|  | Emergency Procedures   * Fire Prevention and Suppression Emergency Response Plan * First aid procedures * Spill procedures * Natural disaster procedures * Emergency medical evacuation * First aid assessments (prior to starting in new areas). * Fatalities procedure |  |
|  | Lockout/Tagout procedures |  |
|  | PPE requirements. |  |
|  | Notification Procedures for Serious/Fatal injuries (i.e. Worker’s, WSBC, RCMP). |  |
|  | Corrective Action Procedures (i.e. progressive discipline process). |  |
|  | Documented Risk Assessment Process |  |
|  | Subcontractor hiring criteria |  |
|  | Faller supervision (if handfalling is to take place) |  |
|  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Improvements Required** | **Required Corrective Action** | **Person Responsible** | **By When** | **Date Done** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Prime Contractor Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Woodlot#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Licensee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**Form 22- Prime Contractor Pre-Work**

Prime Contractor representative and Woodlot Licensee complete this form prior to starting work.

**Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prime Contractor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List hazards associated with the job to be done:**

|  |  |
| --- | --- |
| **Hazard** | **Ways to Offset** |
|  |  |
|  |  |
|  |  |
|  |  |

The following information has been communicated with Contractor representative:

|  |  |
| --- | --- |
|  | Safety deficiencies must be corrected in a timely manner and documented. |
|  | Serious Prime Contractor incident investigations shall be attended by Woodlot Licensee. |
|  | Pre-work meetings between Contractor and Woodlot Licensee will take place on every setting or project. |
|  | Woodlot Licensee Policies, Safe Work Procedures are available upon request. |
|  | *Prime Contractor will provide Woodlot Licensee with the following information:* |
|  | * All incidents/accidents investigations. |
|  | * Regulatory citations/inspections/audits. |
|  | Prime contractor is required to file a Notice of Project with WSBC with a copy to the Woodlot Licensee. |
|  | Prime Contractor must ensure their employees, as well as any sub-contractors hired, are aware of their health and safety responsibilities, safe work procedures and any hazards associated with the job they are hired to do. Training records of Prime Contractor and sub-contractor employees must be made available upon request. |
| **Prime Contractor Representative Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Woodlot #:\_\_\_\_\_\_\_\_\_\_\_Licensee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

# Form 23 Prime Contractor Agreement

**THIS AGREEMENT** is made effective the       day of      ,      .

**BETWEEN:**

, a corporation governed by the *Canada Business Corporations Act* and extra-provincially registered in British Columbia, having an office located at

(the “Company”)

AND:

     , a British Columbia company, having a registered office at

(the “Prime Contractor”)

WHEREAS:

(A) The Company and the Prime Contractor entered into a       Contract (the “Contract”) dated      , 20      wherein the Prime Contractor agreed to perform certain Work on the Area of Operation as set out in the Contract;

(B)The Area of Operation is a multiple-employer workplace under the *Workers Compensation Act* (the “Act”); and

(C) The Prime Contractor has agreed with the Company to be designated as the prime contractor for the purposes of coordinating occupational health and safety matters under the Act and the written policies of the Company at the Workplaces designated herein on the terms and conditions set out in this Agreement.

**NOW THEREFORE THIS AGREEMENT witnesses** that in consideration of the terms and conditions of this Agreement and for valuable consideration exchanged between the parties (the receipt and sufficiency of which is hereby acknowledged), the parties agree as follows:

Designation

1. The Company designates the Prime Contractor and the Prime Contractor accepts the designation from the Company as the prime contractor (as defined in the Act) for all those multi-employer workplaces at which the Prime Contractor has accepted such responsibility on the Company’s Defined Area Safety Orientation Safety Release form(s) in use by the Company from time to time, and each such workplace shall be deemed a “Workplace” under this Prime Contractor Agreement.

Responsibilities of the Prime Contractor

1. The Prime Contractor will fully comply with all of the duties and responsibilities that are required of a prime contractor as established under the Act, the Occupational Health and Safety Regulation, and any other applicable legislation and, without limiting the generality of the foregoing, will do all of the following:
   1. ensure that the activities of employers, workers and other persons at the Workplace relating to occupational health and safety are coordinated, consistent with the Act, the Occupational Health and Safety Regulation and its applicable guidelines and any other applicable legislation and the Company’s written policies relating to occupational health and safety (the “Rules”);
   2. do everything that is reasonably practicable to establish and maintain systems or processes that will ensure compliance with the Act, the Occupational Health and Safety Regulation and its applicable guidelines and any other applicable legislation and the Rules at the Workplace;
   3. establish and maintain a safety program for operations at the Workplace (the “Safety Program”) and site specific safety plans (the “Site Specific Safety Plans”) for site specific Workplaces as and when required pursuant to the Safety Program;
   4. conduct workplace assessments to ensure that equipment, supplies, facilities, first aid attendants and services are adequate and appropriate and ensure that a system or process is in place to establish and maintain the first aid equipment, supplies, facilities, first aid attendants and services as required under Section 3.20 of the Occupational Health and Safety Regulation;
   5. establish, monitor and coordinate the activities of a joint health and safety committee within the Workplace where required by the Act or its regulations or guidelines or as otherwise necessary to coordinate occupational health and safety matters at the Workplace;
   6. prepare and deliver the notice of operation (the “Notice of Project-Forestry”) as and when required by Section 26.4 of the Occupational Health and Safety Regulation;
   7. obtain from each employer within the Workplace the name of the person designated as supervisor of the employer’s workers as required under Section 118(3) of the Act;
   8. collect safety statistics regarding the operations of the Contractor and any subcontractors on forms provided by the Company and on a monthly basis, by the 3rd working day of each calendar month, provide a report to the Company in an acceptable form setting out matters relating to safety at the Workplace for the preceding month;
   9. immediately notify the Company of (i) an inspection or investigation relating to safety by a government official or (ii) any possible contravention of occupational health or safety legislation arising at the Workplace;
   10. notify the Company of all incidents at the Workplace requiring medical treatment and any other incidents that are required to be recorded pursuant to the Safety Program, within 24 hours of the occurrence of the incident;
   11. promptly implement all safety recommendations of the Company, acting reasonably;
   12. deliver to the Company
       1. a copy of the Notice of Project-Forestry, and
       2. a copy of the Safety Program;
   13. provide to all other employers within the Workplace the applicable Site Specific Safety Plans prepared pursuant to the Safety Program;
   14. take steps to develop and maintain open communication relating to safety matters with the other employers and workers within the Workplace; and
   15. provide additional training to the safety committee if required by the Company.

Responsibilities of the Company

1. The Company will
   1. review the Safety Program prior to its implementation and may require that the Prime Contractor make changes to the Safety Program that the Company reasonably believes better reflect the intent of the Act, the Occupational Health and Safety Regulation, any other applicable legislation or the Rules and, if such a request is made, the Prime Contractor will promptly make all such reasonable changes to the Safety Program, and
   2. from time to time attend at the Workplace to review all aspects of safety, including the Prime Contractor’s implementation of the Safety Program, and the Prime Contractor will respond to any concerns the Company may have with regard to safety within the Workplace.

Changes by the Company

1. The Company may at any time during the term of the Contract, and on written notice to the Prime Contractor, suspend, limit, or terminate any or all of the Prime Contractor’s obligations under this Prime Contractor Agreement, as solely determined by the Company.

**IN WITNESS WHEREOF** this Agreement has been executed by the parties on the day and year first above written.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company:** |  |  | **Prime Contractor:** |  |
| **Name:** |  |  | **Name:** |  |
| **Title:** |  |  | **Title:** |  |
| **Signature:** |  |  | **Signature:** |  |

**Form 24 – Woodlot Prime Contractor Inspection**

To be completed at the commencement of activities at the start of the contract and monthly thereafter. A final inspection is required. If the contract lasts less than a month then a final inspection is required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Item** | **Yes** | **No** | **Comments** |
|  | Woodlot licensee has ensured that the contractor is qualified to be a Prime Contractor. Woodlot licensee has ensured that the prime Contractor is SAFE Certified. |  |  |  |
|  | A written agreement is in place designating the Prime Contractor for the Defined Workplace. |  |  |  |
|  | Activities that will create a hazard for another person in the Defined Workplace have been communicated to all workers that could be affected by that activity. |  |  |  |
|  | Activities or circumstances that could potentially cause a significant risk or injury to a person at the Defined Workplace have been identified prior to work commencing at the site. |  |  |  |
|  | Notice of project with Prime Contractor identified has been sent to WorkSafeBC prior to activities occurring and a copy is on site |  |  |  |
|  | Initial safety meeting held with all persons (including sub-contractors) at the Defined Workplace to review potential hazards prior to activities occurring. |  |  |  |
|  | All new persons / contractors / sub-contractors arriving at the worksite receive a safety orientation from the Prime Contractor prior to commencing work activities. |  |  |  |
|  | All employers, contractors / sub-contractors, at the Defined Workplace have provided the Prime Contractor with a list of their designated supervisors. |  |  |  |
|  | Activities of all persons including contractors / sub-contractors at the Defined Workplace are coordinated by the Prime Contractor to ensure the Health and Safety of all workers is maintained. |  |  |  |
|  | Safe access to the Defined Work Area is secured. |  |  |  |
|  | Activities at the Defined Workplace have been assessed by the Prime Contractor to ensure there are adequate first aid equipment, supplies, first aid attendants and transportation available. |  |  |  |
|  | Documented regular inspections (by the Prime Contractor) of the Defined Workplace, and work methods & practices, including worker inspections / audits are occurring. |  |  |  |
|  | OHS site safety plan is in place and available to all persons / contractors and sub-contractors at the worksite. |  |  |  |
|  | All persons / contractors / sub-contractors at the Defined Workplace are included in the Prime Contractors OHS program and safety meetings. |  |  |  |
|  | Safety incidents are reported to the Woodlot licensee and investigated by the Prime Contractor |  |  |  |
|  | Unsafe conditions / hazards are reported and remedied without delay by the Prime Contractor |  |  |  |
|  | All persons / contractors / sub-contractors at the Defined Workplace must be aware of the emergency procedures, and contacts. |  |  |  |
|  | Working alone and man checks are documented by the Prime Contractor |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Identified Safety Issue** | **Required Corrective Action** | **Person Responsible** | **By When** | **Date Done** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Prime Contractor Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Woodlot#\_\_\_\_\_\_\_\_\_\_\_\_ Licensee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

**Form 25- Falling Supervisor Qualifications Record**

To be completed when:

* hiring a falling supervisor as an employee;
* hiring a falling supervisor as a contractor ; or when
* a contractor is providing his own falling supervisor

Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Falling Supervisor’s Name: |  |
| Company name if contractor: |  |
| WorkSafeBC clearance letter attached if contractor: |  |
| Faller Certificate Number: |  |
| Faller Certificate status confirmed with BC Forest Safety Council: |  |
| Falling Supervisor Training date: |  |
| Basic Forest Supervisor Training date: |  |
| Detailed work history (and training ) as a faller supervisor attached: |  |
| Dates employed on woodlot: |  |
| Full time yes/no: |  |
| % of time spent on saw : |  |
| % of time allotted for supervision and faller inspections: |  |
| Number of people on crew under supervision: |  |
| Average number of active work areas or blocks responsible for simultaneously : |  |
| Max tree size and slope of active work areas or blocks responsible for simultaneously: |  |
| Number of faller inspections or audits conducted in past 12 months: |  |
| Copy of written contract attached ( delete all financial information) |  |

**Form 26 Faller’s Information Record**

When hiring a faller as an employee; or when hiring a contract faller, fill in the following:

Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Faller’s Name: |  |
| Company name if contractor: |  |
| WorkSafeBC clearance letter attached if contractor: |  |
| Faller Certificate (Card) Number: |  |
| Valid until (from card) : |  |
| Timber Size (from card): |  |
| Terrain Level (from card): |  |
| Dates employed on woodlot: |  |

# Form 27-Part 1

# Hand Falling Site Hazard Assessment Checklist and Initial Safety Meeting Form

(OH&S Regulation 4.13(1), (2), 4.20(2) to 4.29(b), 26.2, 26.11(1))

**Purpose: By the end of this procedure, supervisors/fallers should have completed a thorough site overview (hazard assessment) to identify hazards and any potentially dangerous situations prior to falling any trees. (Use check-boxes where provided).**

**Woodlot #:\_\_\_\_\_\_\_\_\_\_\_\_**

| Instructions / Conditions to Check: | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Did you identify hazards en route to site? | | | | | | | | | |
| 1. Did you check for immediate worksite hazards, such as? | | | | | | | | | |
|  | Stacking of fallers | | | | |  | Other workers in area | | |
|  | Lack of qualified assistance | | | | |  | Equipment in area | | |
|  | Inadequate first aid coverage | | | | |  | Equipment within 2 tree-lengths | | |
|  | Power lines, Cables, Pipes | | | | |  | Fallers working too close | | |
|  | Public Access (road, trail, etc.) | | | | |  | Fallers working in isolation | | |
| 1. When you walked thru through the falling area what hazards were recognized and evaluated? | | | | | | | | | |
| 1. Have dangerous trees been identified and marked by you, in and outside of the falling block?     Are locations of dangerous trees identified on map) and referenced by falling corner?    (Any tree that is hazardous to the worker because of location, lean, physical damage, overhead hazards, deterioration of limbs, stem or root systems – or a combination of these. Could also include hanging limbs, jackpot or mechanical damage). | | | | | | | | | |
| 1. Did you check for overhead hazards, such as? | | | | | | | | | |
| 1. Difficult trees: Have you identified them? | | | | | | | | | |
| 1. Did you check for ground hazards, such as? | | | | | | | | | |
|  | Pulled up roots |  | | Holes | | | |  | Blowdown |
|  | Stumps |  | | Slope & terrain | | | |  |  |
| 1. Other hazards: Have they been identified, such as? | | | | | | | | | |
|  | Different tree species issues | |  | | Insects, beetles | | | | |
|  | Fire impacted | |  | | Weather-related issues (blowdown, wind, rain, snow, fog) | | | | |
| 1. Have any certain specific hazards been identified during your assessment that requires special attention?     (e.g. - qualified assistance, blasting, machine assist or other alternative means)  Has the Hazard Report Form Corrective Action Log (CAL) been completed? | | | | | | | | | |

Faller and Faller Supervisor have assessed site hazards and acknowledge by signing below:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Faller:** |  |  |  |
| **Faller:** |  |  |  |
| **Faller:** |  |  |  |
| **Faller Supervisor:** |  |  |  |
| **Site Supervisor:** |  |  |  |

**Form 27 -Part 2**

**Faller’s Initial Safety Meeting Recording Form**

(OH&S Regulation 3.16 to 3.18, 4.13 to 4.14, 4.20.2, 26.5, 26.28)

The initial safety meeting is a requirement before fallers start at a new worksite. All of the hazards and concerns discovered in the faller site hazard and risk assessment overview must be discussed at the initial safety meeting and a plan developed to deal with the falling difficulties.

|  |  |
| --- | --- |
| 1. Site & Crew Detail | |
| Date |  |
| Location (block name, road name, site name) |  |
| GPS coordinates |  |
| Supervisor (bull-bucker) |  |
| Alternate supervisor |  |
| Crew members | |
| 1. Communication Procedures | |
| Man check system |  |
| Location of other crews and equipment in area |  |
| Radio check-in/check-out |  |
| Radio frequencies |  |
| Safe working distance (other workers, machines, helicopters) |  |
| 1. Current Map | |
| Harvesting commitments attached |  |
| Sensitive areas (wetlands) |  |
| Creeks/RMA requirements |  |
| Boundaries/Flagging tape colour system |  |
| 1. Hazardous Weather Conditions | |
| Wind, rainfall shutdown, snow, fog, slope stability, avalanche |  |
| 1. Tree Hazards | |
| Overhead hazards, root condition, timber stand defects, lean |  |
| 1. Safety Concerns | |
| Site-specific work procedures |  |
| 1. First Aid Coverage | |
| First Aid attendant |  |
| Location of First Aid supplies |  |
| Emergency phone numbers |  |
| Access/Egress evacuation routes |  |
| Designated emergency facility |  |
| Designated aircraft |  |
| Phone/Radio number of aircraft |  |
| 1. PPE & Falling Tools | |
| Clothing appropriate for the job, weather |  |
| Tools appropriate for the job |  |
| 1. Special Procedures | |
| Fall away/yard away, dangerous trees, leave trees, no work zones, wildlife tree patches, variable retention, blasting, jacking, line pull, machine assisted |  |
| 1. Falling Method | |
| Hand felled, mechanized |  |
| 1. Yarding & Loading Method | |
| Skyline, conventional & grapple Yarding, hoe chucking, heavy lift helicopters (chokers & grapple), ground skidding, landing locations, roadside, cut to length |  |
| 1. Location of Equipment | 1. Type of Equipment |
|  |  |
| 1. Environmental Management Systems | |
| Spills – Discuss contingency plan |  |
| Location of spill equipment |  |
| 1. Traffic Control | |
| Logging road or public road |  |
| Public access via trails |  |
| Traffic control system |  |
| Location of signs |  |
| 1. Fire Hazard Information | |
| Fire regulations, MoF |  |
| Location of fire equipment |  |
| Response Plan (e.g. fire truck, water tank) |  |
| Specific firefighting procedures |  |
| Current trained personnel |  |
| 1. Other Concerns | |
| Windthrow, rock outcroppings, loose rocks, sink holes, spring sap flow, roaring waterways, roadside hazards, wildlife tree patch, snow depth & load, powerlines, other industry activities (e.g. quarry, oil & gas, etc.) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Acknowledgment** | **Name** | **Signature** | **Date** |
| **Faller:** |  |  |  |
| **Faller:** |  |  |  |
| **Faller Supervisor:** |  |  |  |
| **Site Supervisor:** |  |  |  |

# Form 28-Falling & Bucking Supervisor’s Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| **Faller:** | **F&B Supervisor:** | **Company:** | **Date:** |
| **Location:** | **Block/Site & Woodlot#:** | **Nearest Town:** | **Weather:** |

Falling & Bucking Field Checklist

| **Qualifications & Safe Work Procedures** | | | | | | | | | | | | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BC Faller Training Standard Info-Flips | | | | | | | | | | | |  |  |  |
| Faller logbook | | | | | | | | | | | |  |  |  |
| Wallet card | | | | | | | | | | | |  |  |  |
| Confirm faller’s status with Safety Council (1-877-741-1060) | | | | | | | | | | | |  |  |  |
| WCB Clearance Letter (for contract faller) | | | | | | | | | | | |  |  |  |
| Initial safety meeting & Maps | | | | | | | | | | | |  |  |  |
| Hazard inspection of work area | | | | | | | | | | | |  |  |  |
| Notice of project at work site | | | | | | | | | | | |  |  |  |
| Emergency evacuation procedures | | | | | | | | | | | |  |  |  |
| Emergency procedures/numbers in vehicle/with faller | | | | | | | | | | | |  |  |  |
| Falling area entry procedures | | | | | | | | | | | |  |  |  |
| Cut-up tree policy/procedures | | | | | | | | | | | |  |  |  |
| Falling near power lines | | | | | | | | | | | |  |  |  |
| Communication – man check procedures | | | | | | | | | | | |  |  |  |
| First Aid coverage available | | | | | | | | | | | |  |  |  |
| Firefighting procedures | | | | | | | | | | | |  |  |  |
| Written procedure for min/max distances between workers | | | | | | | | | | | |  |  |  |
| Qualified assistance readily available | | | | | | | | | | | |  |  |  |
| Review the 6 Deadly Sins | | | | | | | | | | | |  |  |  |
| Documented vehicle inspection | | | | | | | | | | | |  |  |  |
|  | Crummy |  | | Crewboat | | |  | | Helicopter | | | ⮈ choose one | |  |
|  | Plane |  | | ATV | | |  | | Snow machine | | |
| Valid driver’s license/trained operator | | | | | | | | | | | |  |  |  |
| Seatbelt equipped | | | | | | | | | | | |  |  |  |
| Non- smoking vehicle | | | | | | | | | | | |  |  |  |
| Vehicle facing exit | | | | | | | | | | | |  |  |  |
| First Aid kit in vehicle | | | | | | | | | | | |  |  |  |
| Fire extinguisher & equipment in vehicle | | | | | | | | | | | |  |  |  |
| Falling Area Signs (if required, also falling area traffic control) | | | | | | | | | | | |  |  |  |
| Access/Egress trail established & marked | | | | | | | | | | | |  |  |  |
| Danger tree/Snag assessment procedures | | | | | | | | | | | |  |  |  |
| 23-page field evaluation completed | | | | | | | | | | | |  |  |  |
| Heli pads constructed & marked (per WCB helicopter handbook) | | | | | | | | | | | |  |  |  |
| Wildlife/Danger Tree certification | | | | | | | | | | | |  |  |  |
| Safe alternative methods available/Blasting | | | | | | | | | | | |  |  |  |
| Wind speed, Rainfall shutdown, Snow | | | | | | | | | | | |  |  |  |
| Emergency evacuation drills | | | | | | | | | | | |  |  |  |
| Regular supervision inspections | | | | | | | | | | | |  |  |  |
| Safety committee inspections | | | | | | | | | | | |  |  |  |
| Regular crew talks | | | | | | | | | | | |  |  |  |
| Safety committee meetings | | | | | | | | | | | |  |  |  |
| First Aid Ticket – Level | | |  | | **1** |  | | **2** | |  | **3** | ⮈ choose one | | First Aid expiry date: |
| WCB Occupational Health & Safety Regulation | | | | | | | | | | | |  |  |  |
| Other qualifications: | | | | | | | | | | | | | | |

Faller’s Checklist

| **BC Faller Training Standard Requirements** | | **Yes** | **No** | **Comments** |
| --- | --- | --- | --- | --- |
| Proper clothing | |  |  |  |
| Hard hat (red or orange) | |  |  |  |
| Caulk boots | |  |  |  |
| Eye protection (screen, glasses) | |  |  |  |
| Hearing protection (muffs, earplugs) | |  |  |  |
| Gloves | |  |  |  |
| Whistle, two-way radio | |  |  |  |
| Hi-Vis apparel | |  |  |  |
| Rain clothes are Hi-Vis | |  |  |  |
| Leg protection \*3600 minimum | |  |  |  |
| Proper saw size & bar length for job | |  |  |  |
| Axe(s), spare wedges, spare saw | |  |  |  |
| Axe in good shape/pinned | |  |  |  |
| Carrying files – ends covered | |  |  |  |
| Files in good condition | |  |  |  |
| Proper chain filing to manufacturer’s recommendation | |  |  |  |
| Saw has full-wrap handlebars | |  |  |  |
| Proper saw maintenance | |  |  |  |
| Proper saw handling (two hands at all times) | |  |  |  |
| Good body positioning/MSI | |  |  |  |
| Gas and Oil containers nearby | |  |  |  |
| Working to weather conditions | |  |  |  |
| Escape routes established minimum 10’ and to safe cover | |  |  |  |
| Several trees prepped | |  |  |  |
| Axe at tree, wedges set | |  |  |  |
| Uses proper wedging procedures & techniques | |  |  |  |
| Demonstrates directional control | |  |  |  |
| Uses saw sightlines | |  |  |  |
| Avoids brushing timber | |  |  |  |
| Avoids domino falling | |  |  |  |
| Procedures for pushing trees/limb tied | |  |  |  |
| Danger tree risk assessment conducted | |  |  |  |
| Danger trees felled progressively | |  |  |  |
| Danger trees felled into open areas | |  |  |  |
| Procedures for wedging snags | |  |  |  |
| Procedure for danger trees outside boundary | |  |  |  |
| Enough fuel to make the cut | |  |  |  |
| Upslope falling procedures | |  |  |  |
| Demonstrated ability to fall heavy leaner | |  |  |  |
| Demonstrated ability to fall short stubby snag | |  |  |  |
| Knows procedure for re-falling cut up tree | |  |  |  |
| Cuts all limbs flush to log | |  |  |  |
| Bucking cuts correct | |  |  |  |
| Avoids bucking below F & B | |  |  |  |
| Short log is left on dangerous roots | |  |  |  |
| STUMP PAGE 18-B is attached – *A minimum of TEN stumps must be documented*. | | | | |
| **Faller’s Signature:** | **F&B Supervisor’s Signature:** | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Faller:** | **F&B Supervisor:** | **Company:** | **Date:** |
| **Location:** | **Block/Site:** | **Nearest Town:** | **Weather:** |

|  |  |
| --- | --- |
| **Items/Comments** | **Marking Conditions** |
| **Undercuts & Backcuts**  **\* Note:** If the faller determined that the tree had to be wedged the undercut depth should be ¼ of the tree diameter.  **\*Note:**  Timber 60 inches or more in diameter can have the heart wood cut out of the stem, but holding wood must be maintained on both corners of the stump to maintain control of the tree.  **\*Note:**  Short stubbys can have an undercut up to 50%  **\*Note:**  Reference Info Flips  **Total stump points divided by the number of stumps assessed=mark awarded** | * **E** 15 **Preferred undercut and backcut** are straight & level and completed from high side. Preferred undercut selected for: wedging, timber type and terrain. Undercut is cleaned out and is the preferred percentage of tree diameter. The undercut opening is of the preferred ratio for the type of undercut selected. Holding wood and preferred anti-kickback step are maintained across the entire stump. (see table below) Also see \*Note(s) at left. * 14 **Preferred undercut and back cut** are straight & level and completed from high side. Undercut is 1/3 of the tree diameter and is angled to ensure that the opening is at least ½ the length of the top cut. Undercut is cleaned out. Holding wood is maintained across the entire stump. Also see \*Note(s) at left. * 13 Meets acceptable standard and depth of undercut is 1/3 tree diameter. Holding wood is maintained across the entire stump. Also see \*Note. * **A** 12 **Acceptable standard: Includes appropriate undercut and backcut**. Are completed from high side, are slightly off level, depth of the undercut between 25% and 40% of the tree diameter. Undercut is cleaned out. The cuts forming the opening of the undercut are 1/3 to ½ the length of the top cut. Backcut is slightly above the undercut, slightly off level. Holding wood is preferably maintained across the entire stump but at minimum must be on both corners. Also see \*Note. * 3 Undercut is off level, not cleaned out or corrected, too deep or too shallow over 40% or less than 25% of diameter opening is less than 1/3 the length of the top cut. Backcut is flush to undercut – no step. Excessive holding wood left on the low side of the stump. * **U** 0 **Unacceptable:** Fails to meet the acceptable standard, undercut 50% or greater of the tree diameter, no undercut, dutchman, backcut is below undercut, holding wood is cut off. Tree splits or barber chairs and there is excessive slope from back-barring.   **E** = Excellent, best practice **A** = Minimum acceptance **U** = Unacceptable  Anti-kickback Step Reference Guide in Relation to Stump Diameter  *75% of the anti-kickback step must be within the preferred height tolerances, as listed below:* |
| |  |  | | --- | --- | | **Humbolt, Swanson undercuts** | **Preferred anti-kickback step** | | Up to 36” (3’-0”) diameter | ¾ - 1 inch height difference | | 48” (4’-0”) to 60” (5’-0”) diameter | 1 ½ inch height difference | | 72” (6’-0”) to 84” (7’-0”) diameter | 2 inch height difference | | 96” (8’-0”) to 108” (9’-0”) diameter | 3 inch height difference | | 120” (10’-0”) to 144” (12’0”) diameter | 4 inch height difference | | 156” (13’-0”) diameter and above | 6 inch height difference | | **Conventional and Pie (frozen wood) undercuts** | **Preferred anti-kickback step** | | Up to 14” (1’-2”) diameter | ¾ to 1 inch height difference | | 16” (1’-4”) to 36” (3’-0”) diameter | 2 inch height difference | | 48” (4-0”) to 60” (5’-0”) diameter | 3 inch height difference | | 72” (6’0”) to 84” (7’0”) diameter | 4 inch height difference | | 96” (8’0”) to 108” (9’0”) diameter | 6 inch height difference | | 120” (10’-0”) to 144” (12’0”) diameter | 8 inch height difference | | 156” (13’-0”) diameter and above | 12 inch height difference | | |

# Part 18 – Demonstrate Falling Cuts – Stump Check

**Objective: The Professional Faller uses safe work procedures when making falling cuts.**

| Stump # | Tree species | Ground slope % | Dia. inches | B/C  inches | U/C inches | U/C depth % | U/C  type | U/C opening | Backstep high side  inches | Backstep  low side  inches | Score |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  | /15 |
| 2 |  |  |  |  |  |  |  |  |  |  | /15 |
| 3 |  |  |  |  |  |  |  |  |  |  | /15 |
| 4 |  |  |  |  |  |  |  |  |  |  | /15 |
| 5 |  |  |  |  |  |  |  |  |  |  | /15 |
| 6 |  |  |  |  |  |  |  |  |  |  | /15 |
| 7 |  |  |  |  |  |  |  |  |  |  | /15 |
| 8 |  |  |  |  |  |  |  |  |  |  | /15 |
| 9 |  |  |  |  |  |  |  |  |  |  | /15 |
| 10 |  |  |  |  |  |  |  |  |  |  | /15 |
| 11 |  |  |  |  |  |  |  |  |  |  | /15 |
| 12 |  |  |  |  |  |  |  |  |  |  | /15 |
| 13 |  |  |  |  |  |  |  |  |  |  | /15 |
| 14 |  |  |  |  |  |  |  |  |  |  | /15 |
| 15 |  |  |  |  |  |  |  |  |  |  | /15 |

|  |  |  |
| --- | --- | --- |
| **Total stump points** divided by the **number of stumps assessed** equals final mark awarded ⮊ | **TOTAL** (out of 15) | /15 |

Part 18 – Demonstrate Falling Cuts – Stump Check page

**Stump Comments:**

|  |  |
| --- | --- |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |

**Falling & Bucking Supervisor Summary Report: Faller Inspection**

**Reg. 3.5 General requirement (Daily – Weekly Inspections as required, use this form)**

Every Employer must ensure that regular inspections are made of all workplaces, including buildings, structures, grounds, excavations, tools, equipment, machinery and work methods and practices, at intervals that will prevent the development of unsafe working conditions.

**Reg. 26.21 Faller qualifications (Use the full 23 page evaluation)**

(1) A worker must not fall trees or be permitted to fall trees, or conduct or be permitted to conduct bucking activities associated with falling trees, unless

(a) the worker is qualified to do so to a standard acceptable to the Board, and

(b) the work being performed is within the documented and demonstrated capabilities of that worker.

(2) Subsection (1) (a) does not apply to a worker who is in a falling or bucking training program that is acceptable to the Board.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Faller’s name** |  | | | | | **ID#** |  | | |
| **Employer and F&B Supervisor** |  | | | | | | | | |
| **Week of:** |  | | | | | | | | |
| **Job site** |  | | | | | | | | |
| **Timber Type and average DSH** |  | | | **Slope in % in F&B** | |  | | | |
| **F&B Supervisor’s weekly observations**  please check (🗸) 🡪 | | **Meeting or exceeding Standard** | **Not Meeting Standard** | | **Needs to Improve** | | | **Additional**  **Training**  **Required** |
| Mental/Physical preparedness | |  |  | |  | | |  |
| Safety Awareness | |  |  | |  | | |  |
| Work ethic | |  |  | |  | | |  |
| Communication | |  |  | |  | | |  |
| Attendance | |  |  | |  | | |  |
| Face Development | |  |  | |  | | |  |
| Stump Quality | |  |  | |  | | |  |
| Bucking skills | |  |  | |  | | |  |
| F&B Supervisor’s comments: | | | | | | | | |
| Faller’s signature | | F&B Supervisor’s signature | | | | | | |

Selected Excerpts from WorkSafeBC OH&S Regulations

Part 26, Forestry Operations

26.2 Planning and conducting a forestry operation

**(1)** The owner of a forestry operation must ensure that all activities of the forestry operation are both planned and conducted in a manner consistent with this Regulation and with safe work practices acceptable to the Board.

**(2)** Every person who has knowledge and control of any particular activity in a forestry operation must ensure that the activity is both planned and conducted in a manner consistent with this Regulation and with safe work practices acceptable to the Board.

**(3)** The planning required under this section must

(a) include identification of any work activities or conditions at the workplace where there is a known or reasonably foreseeable risk to workers,

(b) be completed before work commences on the relevant activity, and

(c) be documented at the time of planning.

**(4)** If, after any planning referred to in subsection (3), there is a change in the workplace circumstances, including the work activities and the conditions of the workplace, and the change poses or creates a known or reasonably foreseeable risk to workers that was not previously identified, then

(a) the plan must be amended to identify and address the risk and provide for the health and safety of the workers at the workplace, and

(b) the amendment must be documented as soon as is practicable.

[Enacted by B.C. Reg. 20/2008, effective May 1, 2008.]

26.21 Faller qualifications

**(1)** A worker must not fall trees or be permitted to fall trees, or conduct or be permitted to conduct bucking activities associated with falling trees, unless

(a) the worker is qualified to do so to a standard acceptable to the Board, and

(b) the work being performed is within the documented and demonstrated capabilities of that worker.

**(2)** Subsection (1) (a) does not apply to a worker who is in a falling or bucking training program that is acceptable to the Board.

[Enacted by B.C. Reg. 20/2008, effective May 1, 2008.]

26.22 Forestry operation faller training

**(1)** A worker may not work as a faller in a forestry operation unless the worker receives training for falling that is acceptable to the Board and is certified in writing as a competent faller under this section.

**(2)** Without limiting subsection (1), faller training must include the following:

(a) taking basic training in falling trees by working one-on-one with a qualified faller or trainer for a period of not less than 30 days;

(b) in the presence of a qualified supervisor or trainer, taking a written or oral examination on falling;

(c) after completion of basic training under paragraph (a) and passing the examination under paragraph (b), working as a trainee faller under the close supervision of a qualified faller or trainer for a minimum period specified in subsection (3).

**(3)** The required minimum supervision period in subsection (2) (c) is

(a) 180 days, or

(b) a shorter period as determined by a qualified supervisor or trainer, if the supervisor or trainer is satisfied that the worker is competent to perform the tasks of a faller.

**(4)** The person supervising a trainee faller under subsection (2) (c) must

(a) evaluate the trainee's work on a weekly basis,

(b) keep records of all evaluations done in respect of the trainee, and (c) if, at the end of the training period, the trainee's falling activity meets a standard acceptable to the Board, verify in writing that the trainee has demonstrated the competence necessary for certification under subsection (5).

**(5)** If all of the requirements of subsections (1), (2) and (4) are satisfied in respect of a worker who is a trainee faller, a person acceptable to the Board may certify in writing that the worker is a competent faller.

**(6)** A record of the training that is taken under this section must be maintained and kept in a form and manner acceptable to the Board and a copy of that record must be made available to an officer or the trainee to whom the record pertains.

**(7)** Subsection (2) does not apply to a worker who satisfies all of the following requirements:

(a) the worker has performed falling duties regularly for at least 2 years before the evaluation under paragraph (b) of this subsection takes place;

(b) the worker's falling activity is evaluated by a qualified supervisor or trainer and it meets a standard acceptable to the Board;

(c) in the presence of a qualified supervisor or trainer, the worker passes a written or oral examination on falling;

(d) the worker is certified in writing as a competent faller by a person acceptable to the Board.

**(8)** For the purposes of subsection (7) (b), the qualified supervisor or trainer must

(a) keep a record of the evaluation, and

(b) verify in writing that the worker has demonstrated the competence necessary for certification under subsection (7) (d).

[Enacted by B.C. Reg. 20/2008, effective May 1, 2008.]

26.22.1 Falling supervisors for forestry operations

**(1)** A qualified supervisor must be designated for all falling and associated bucking activities in a forestry operation.

**(2)** The supervisor designated under subsection (1) must

(a) ensure that the falling and bucking activities are planned and conducted in accordance with this Regulation,

(b) inspect the workplace of each faller at time intervals appropriate to the risks, and

(c) keep a record of every inspection conducted under paragraph (b).

**(3)** The supervisor designated under subsection (1) must not undertake or be assigned activities which interfere with performance of the supervisor's duties under subsection (2).

[Enacted by B.C. Reg. 20/2008, effective May 1, 2008.]



**Six Deadly Sins of Manual Tree Falling**

1. Failing to progressively fall danger trees into open areas with the falling of other timber and before falling adjacent live trees. *OH & S Regulation 26.26(1)*
2. Using the practice of “Domino Falling”. *OH & S Regulation 26.24(6)*
3. Leaving cut-up trees and failing to mark such trees and notify the work place supervisor and workers whom may enter the affected area of the location of the cut-up trees. *OH & S Regulation 26.25(2)*
4. Failing to take appropriate measures to control the fall of trees, which may include:
   * Not ensuring the undercut is complete and cleaned out
   * Not leaving sufficient holding wood
   * Carelessly cutting off the corners of holding wood
   * Not ensuring that the back cut is placed higher than the undercut
   * Failing to have wedging tools immediately available at the tree being felled
   * The unnecessary brushing of timber. *OH & S Regulation 26.24(5)*
5. Permitting workers, other than the faller and those permitted by the regulations, to be within two tree lengths of the tree being felled. *OH&S 26.29 (1)(2)(3)*
6. Falling trees within the specified minimum distances from unguarded overhead energized high voltage electrical conductors without complying with the requirements of this regulation: *OH & S Regulations Part 19 Electrical Safety*

**The F&B Supervisor and Faller hereby acknowledge they have both reviewed the Six Deadly Sins:**

|  |  |
| --- | --- |
| **Supervisor’s signature:** | **Faller’s signature:** |
| **Date:** | **Date:** |

**NOTES and COMMENTS**

|  |
| --- |
|  |