WORKPLACE SAFETY PLAN

INSTRUCTIONS:

1. WorkSafeBC Regulations require the following:

   a. Work is planned.
   b. A workplace first aid assessment is conducted prior to activities beginning and daily thereafter.
   c. An emergency medical response plan is in place, tested and communicated.
   d. Initial workplace hazard assessments are conducted prior to the commencement of activities.
   e. Ongoing workplace hazard assessments are conducted to identify new or developing hazards.
   f. Hazards and controls are identified and communicated to all parties carrying out activities in the Workplace.
   g. A supervisor must be assigned by the Prime Contractor (PC) to ensure concurrent activities within the workplace are safely coordinated.
   h. An initial safety meeting or pre-work is conducted with all parties prior to their commencing activities in the Workplace.
   i. That documentation is in place for the above.
Date Form Completed: Operation:

PRIME CONTRACTOR FOR WORKPLACE: Radio frequency:

PC Supervisor's Contact Info: Cell Home

PC Supervisor's Contact Info: Cell Home

PHYSICAL LOCATION OF WORKPLACE:

Physical Area: CP:
Block No.: Road Name:
GPS: Lat Long Facility/Structure:
Notice of Project #: NOP Filed:
Weather Station: Alternate Weather Station:

LICENSEE & SUPERVISOR’S CONTACT INFO:

Logging Supervisor:

Cell Office Radio Channel:

EMERGENCY RESPONSE PLANS: Workplace GPS Coordinates: Lat Long

Location of First Aid Attendant(s):

Call Channel:

Phone:

Location of Ambulance/ETV(s):

Nearest helipad:

GPS Coordinates:

Describe how to get to workplace:

Emergency Response Instructions – In the event of an incident follow the instructions below

Emergency Contact Numbers - 911

Ambulance: Helicopter 1:
Hospital: Helicopter 2:
Office: Fire: Cell *5555 or 1-800-663-5555
RCMP: WorkSafe: 1-888-621-7233 after hours 1-866-922-4357
RCMP: Coroner: 1-888-821-2111
Hazardous Spills: 1-800-663-3456 Poison Control: 1-800-567-8911
**KNOWN HAZARDS (may be ID’d on Hazard Map):**

1. □ Avalanche Zone  
2. □ Blasting zone  
3. □ Communication issues  
4. □ Working Alone  
5. □ Danger Tree(s)  
6. □ Wildlife  
7. □ Pipelines  
8. □ Powerlines  
9. □ Weather conditions  
10. □ Rock Bluffs  
11. □ Rock Fall Hazard  
12. □ Safe Work Zone ID’d  
13. □ Steep Terrain  
14. □ Sensitive Terrain  
15. □ Steep Grade  
16. □ Windfall Areas  
17. □ Road Conditions  
18. □ Other:

**KNOWN HAZARDS & CONTROLS:**

<table>
<thead>
<tr>
<th>Reviewed By: □ Licensee □ Prime Contractor</th>
<th>Reviewed With:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe Hazard and Location</td>
<td>Describe Controls in Place</td>
</tr>
</tbody>
</table>

**Other phases in or near Workplace:**

<table>
<thead>
<tr>
<th>Location in Workplace – Activity and Timing</th>
<th>Name</th>
<th>Channel/Phone</th>
</tr>
</thead>
<tbody>
<tr>
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Describe safety related shut-down guidelines – Environmental or other:

Describe any gating or signage that will be required or in place:

**WORKPLACE FIRST AID ASSESSMENT – HAZARD RATING: HIGH AND > 20 MIN FROM HOSPITAL**

Location:  
Date:  

Check the appropriate box in column 1 for number of workers.  
Ensure the requirements specified in the corresponding columns are in place at the workplace.

<table>
<thead>
<tr>
<th>WORKERS PER SHIFT</th>
<th>SUPPLIES, EQUIPMENT, AND FACILITY</th>
<th>FIRST AID CERTIFICATE REQUIRED</th>
<th>TRANSPORTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
<td>• Personal first aid kit</td>
<td>Level 1 certificate</td>
<td></td>
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<tr>
<td>□ 2-5</td>
<td>• Level 1 first aid kit</td>
<td>Level 1 certificate</td>
<td></td>
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<tr>
<td>□ 6-10</td>
<td>• Level 1 first aid kit</td>
<td>Level 1 certificate with Transportation Endorsement</td>
<td>ETV</td>
</tr>
<tr>
<td>□ 11-30</td>
<td>• Level 3 first aid kit</td>
<td>Level 3 certificate</td>
<td>ETV</td>
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</tbody>
</table>

**BARRIERS TO FIRST AID:**

Workplace Supervisor Sign-Off:  
Date:  

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Revised: May 12, 2015
INITIAL SAFETY MEETING DOCUMENTATION:
The following safety information has been reviewed with the workers listed below:

| ☐ Workplace hazards        | ☐ How to report hazards       |
| ☐ Others who are in the workplace | ☐ Safety Shut-down criteria |
| ☐ Emergency Response Procedures       | ☐ Workplace Plan            |
| ☐ PPE – HiVis hard hat & vest or shirt, footwear, etc | ☐ Signage |
| ☐ PC Supervisor                        | ☐ Roads & Weather          |

Comments from meetings:


Safety Meeting Attendees:

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor Initial:</th>
<th>Attendees:</th>
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<tbody>
<tr>
<td></td>
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<td>Name</td>
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