# Faller Site Hazard Assessment Checklist

*(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.)***

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| **Instructions / Conditions to Check:** | | | | | | | |
| 1. Did youidentify hazards en route to site? | | | | | | | |
| 1. Did you check for immediate worksite hazards, such as? | | | | | | | |
|  | | |  | | | | |
| 1. Did you walk through the falling area to recognize and evaluate hazards? | | | | | | | |
| 1. Have dangerous trees been identified 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? | | | | | | | |
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| 1. Difficult trees: Have you identified them? | |  | | | | | |
| 1. Did you check for ground hazards, such as? | | | | | | | |
| 1. Other hazards: Have they been identified, such as? | | | | | | | |
| Haveanycertainspecific 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 Supervisor have assessed site hazards and acknowledge by signing below:*

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| **Faller:** |  |
| **Date:** |  |
| **Supervisor:** |  |
| **Date:** |  |