

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

Tenure # \_\_\_\_\_

Location\_\_\_\_\_

## **Tenure Safety Plan Scenario #1**

***For tenure holders contracting out all tenure activities.***

***Example:***

***Tenure holder who is an individual, corporate entity, First Nations or municipality does not conduct activities related to the tenure other than strategic management. Contractor is hired to manage and conduct activities associated with the tenure and reports to the tenure holder.***

***i.e. Tenure holder does not actively participate in tenure activities but hires a contractor for coordination and management. Contractor reports back to tenure holder consistent with contract requirements. Tenure holder may visit the tenure for observation or inspectional activities only.***

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

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## Safety Program Contents

### Summary of Intent:

The intent of this Safety Program is to provide the holder of small tenures (e.g. woodlots, community forest agreements, First Nations Woodland Licence, etc.) with the information and supporting documentation necessary to build and implement a functional safety program. This scenario is intended for tenure holders who contract out all activities to be carried out on the tenure area. However, this does not preclude the tenure holder from visiting the tenure for general or site inspection purposes. Outside of this, Contractors are to coordinate and conduct all of the activities – Contractor selection criteria for the assignment of a prime contractor may be required.

### In this scenario, the tenure holder:

1. **Only conducts work necessary to verify contractor is meeting contract requirements,**
2. **Has no employees active on the tenure area, and**
3. **Hires one or more contractors to complete all phases of operations on the tenure including general management. i.e. Administration, planning, harvesting, silviculture and other related activities.**

**The Tenure Holder must have a process in place to ensure their own safety when they are in the field and travelling to and from the tenure area.**

**The tenure holder also retains duties of an owner as per WorksafeBC Workers Compensation Act Part 2 Division 4. See page 6 of this document.**

**Driving can be a high-risk activity as well. – see page 51 for Safe Work Procedure.**

### Definitions:

1. Tenure Holder – person or entity to which the tenure/ forest licence has been assigned. Tenure holder is also the **owner** as per WorksafeBC Workers Compensation Act Part 2 Division 1.
2. Tenure Manager – person or entity that has been contracted by the Tenure Holder to manage all aspects of the tenure on their behalf.
3. Driver – any person that utilizes a passenger vehicle to access the tenure for the purpose of management related activities.
4. Contractor – person or entity under contract to carry out tenure activities within the tenure area. (i.e. development, harvesting, silviculture etc.)
5. Prime Contractor – means, in relation to a multiple-employer workplace,
  - (a) the directing contractor, employer or other person who enters into a written agreement with the owner of that workplace to be the prime contractor, or
  - (b) if there is no agreement referred to in paragraph (a), the owner of the workplace.

Prime contractor requirements are only in place when there is a multi-employer workplace, which is a workplace where workers of 2 or more employers are working at the same time.

Prime contractors are responsible for coordinating the safety activities of all companies on a worksite.

The Tenure Holder will be the default prime contractor in a multi-employer workplace unless Prime Contractor status has been assigned to another party using a Prime Contractor Agreement

## Summary of Program Contents

Safety Policy Statement (Commitment to Safety)			
What	When	By Whom	Page
Tenure Safety Policy	Prior to commencement of operations: annually review and sign	Tenure Holder / Owner	pg. 9

Emergency Response Management (ERP)			
What	When	By Whom	Page
Emergency Response Plan (ERP)	Prior to commencement and renewed annually thereafter and updated as required	Tenure Manager	pg. 17

Tenure Forestry Operations			
What	When	By Whom	Form #
Hazard Assessment	Prior to each operation	Tenure Manager	4
First Aid Assessment	Prior to each operating season	Tenure Manager	7 or 8
Pre-work Meeting with contractor	At the start of each new operation; Tailgates thereafter as required	Tenure Manager	4
Safety Meetings with contractor	At the start of each new operation; Tailgates thereafter as required	Tenure Manager	4
Equipment inspections and maintenance (Pickup or UTV)	As required	Driver	11 and 12

Tenure Operations Supervision			
What	When	By Whom	Form #
Documentation of Contractor's Competency	Annually or as required to document training and updates	Tenure Holder / Owner / Tenure Manager	Table 2.0 pg. 43

Incident Investigations			
What	When	By Whom	Form #
Hazard/incident reporting	As soon as possible after the occurrence of close calls or incidents with serious potential	Tenure Holder / Owner and/or Contractor	13
Incident Investigations	As soon as possible after the occurrence of close calls or incidents with serious potential	Tenure Holder / Owner	14 or 15

<b>Contractor Management</b>			
<b>What</b>	<b>When</b>	<b>By Whom</b>	<b>Form #</b>
Contractor Pre-hire Assessment	Prior to hiring contractor	Tenure Manager	16
Contractor (non-prime) Inspection/Assessment	Minimum monthly and at the end of the contract. Frequency should reflect risk and contract timeline	Tenure Manager	17
Prime Contractor Pre-Qualification	Prior to assigning Prime Contractor	Tenure Manager	18
Prime Contractor Agreement	Prior to work commencement	Tenure Manager	19
Prime Contractor Pre-work	Prior to work commencement	Tenure Manager	20
Prime Contractor Inspection	Monthly and at the end of the contract. Inspection frequency based on level of risk. i.e.: high risk requires more frequent inspections.	Tenure Manager	21

### **Tenure Holder Responsibilities:**

1. Provide and maintain the land and premises in a safe manner
2. Identify and communicate known or foreseeable hazards
3. Ensure a plan is in place to address the hazards
4. Monitor worksite to ensure the plan is being followed
5. Ensure that all work related activities are both planned and conducted in a manner consistent with established safe work practices and regulations

The tenure holder/owner must ensure that their responsibilities are addressed either directly or by the Tenure Manager.

For more information on these responsibilities please visit our website.

### **Directors/Officer/Board Member Responsibilities:**

There are legal obligations attached to your role as a director, officer or board member of the organization (e.g. first nations, private company, and municipality) that holds the tenure. There are two main sources –occupational health and safety (OHS) legislation and the Criminal Code.

**Provincial OHS legislation** - As a director or officer of the organization, you have a responsibility to take all reasonable care and exercise due diligence to ensure that the organization you represent takes the steps necessary to protect worker safety. An important part of that is complying with requirements described in the Workers Compensation Act (WCA) and the Occupational Health and Safety Regulation (OHSR).

Specifically, Part 2 Division 4 of BC's Workers Compensation Act requires that every director and every officer of a corporation must ensure that the corporation complies with Part 2 of the WCA, the OHSR and any applicable orders. Your role is to do what you can to ensure the organization meets those requirements. See: [www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/workers-compensation-act/part-2-occupational-health-and-safety#SectionNumber:Part2Div4Sec27](http://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/workers-compensation-act/part-2-occupational-health-and-safety#SectionNumber:Part2Div4Sec27)

**Federal Criminal Code Section 217.1** specifies that any person who directs, or has the authority to direct, how another person does their work or performs work-related tasks has a legal duty to take reasonable steps to prevent bodily harm to that person, or any other person, arising from that work or task. For more information, see:

[www.parl.gc.ca/About/Parliament/LegislativeSummaries/bills/\\_ls.asp?ls=c45&Parl=37&Ses=2](http://www.parl.gc.ca/About/Parliament/LegislativeSummaries/bills/_ls.asp?ls=c45&Parl=37&Ses=2) and [www.ccohs.ca/oshanswers/legisl/billc45.html](http://www.ccohs.ca/oshanswers/legisl/billc45.html)

For more information on these responsibilities please visit our website.

[www.bcforestsafe.org/resource/woodlot-and-small-tenure-safety-resources/](http://www.bcforestsafe.org/resource/woodlot-and-small-tenure-safety-resources/)

**Prime Contractor Responsibilities:**

1. Compile all the safety information and share this information with designated supervisors. e.g.: onsite hazards and the ways to control those hazards, work plans, safe work practices, etc.
2. Communicate any changes in the worksite and any necessary action(s) to the designated supervisors. e.g.: changes to plans, established safe work practices, access, etc.
3. Coordinate the activities on site to ensure safe operations.

This is an often misunderstood part of the process, if you are the only contractor or company on site then the prime contractor requirements do not apply. The owner of a workplace is an important part of the prime contractor process. It is the owner that assigns prime contractor status through a written agreement and if that agreement isn't in place, the owner is the prime contractor.

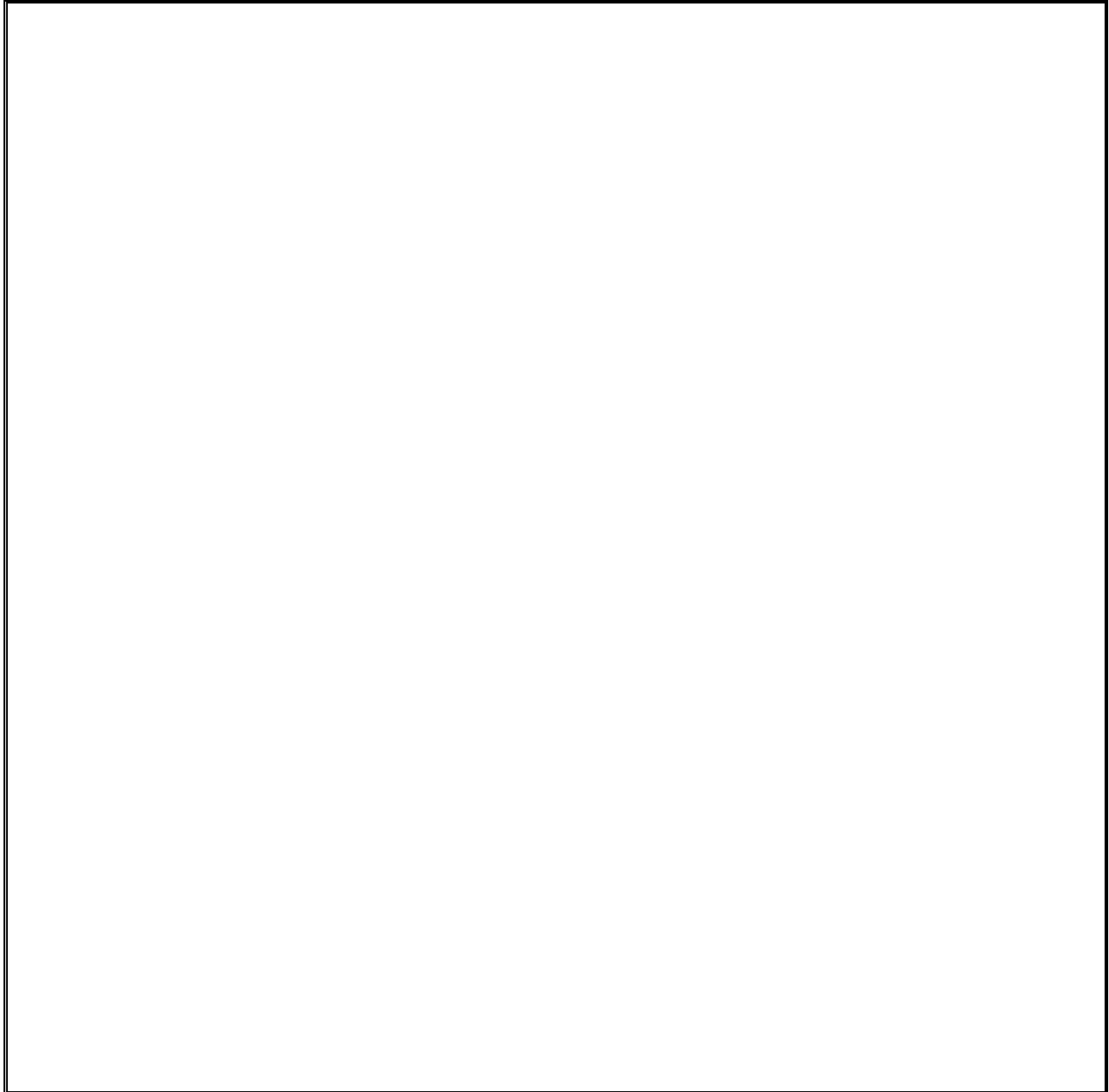
For more information on these responsibilities please visit  
[www.bcforestsafe.org/resource/prime-contractor-resources/](http://www.bcforestsafe.org/resource/prime-contractor-resources/)

## Introduction:

General description of location of tenure: \_\_\_\_\_

WorkSafeBC Number: \_\_\_\_\_

## Location Map





## Structure of Tenure \_\_\_\_\_ Safety Program

The Tenure Safety Program will describe the key components of the plan with a reference to the appropriate forms located in the appendix for that portion of Tenure Operations.

*The forms listed in the plan are suggestions, and other forms that address the same topic can be used or substituted. Tenure Holders are encouraged to review their procedures and forms on a regular basis to ensure that they are still useful and effective.*

### Safety Policy Statement

The Safety Policy Statement describes the Tenure Holder's commitment to safety and emphasizes the contract between it and its workers in preventing injuries and fatalities.

#### Tenure # \_\_\_\_\_ Safety Policy Statement

The Tenure Holder has specific responsibilities but these do not extend to on-the-ground management as this is assigned to a Tenure Manager.

The Tenure Holder is committed to providing a safe and healthy workplace for all contractors and their workers and believes that all injuries are preventable. Excellence in health and safety is the key to our long term success.

The Tenure Holder is committed to compliance with any and all governmental agencies, regulations, and industry best practices.

The Tenure Manager will be accountable for providing a safe work environment and enforcing safe work procedures and practices. Tenure Managers will demonstrate their commitment to health and safety by example, and will ensure that the personnel that they are responsible for have the necessary knowledge to work safely. Supervisors will give health and safety the same priority as productivity, environmental issues and quality control.

The Tenure Manager will hold all contractors accountable for following safe work procedures and reporting hazards, unsafe acts, close calls and safety incidents. The Tenure Holder will ensure timely follow-up on safety incidents.

Workers have general responsibilities for their own health and safety and that of other persons. In addition, they have the responsibility to refuse unsafe work.

The Tenure Holder will provide support and promote the program to ensure that safety has the overriding priority.

Tenure Holder: \_\_\_\_\_

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

## Basic Safety Rules

The basic safety rules are stated so all tenure holders and/or Tenure Manager can identify and address unsafe practices before an incident occurs and help ensure that appropriate controls (e.g. hard hats, high vis vest, radios, etc.) are being used and in place. They set the tone for safety.

The Basic Safety Rules are **(space has been provided for the Tenure Holder or Tenure Manager to include additional rules.):**

- Take reasonable care to protect health and safety of yourself and others
- Follow safe work procedures
- Use your Personal Protection Equipment (PPE) as required by the tenure policy and/or regulation
- Conduct a pre-trip check on your vehicle and UTV
- Ensure that you have the training and qualifications for all tasks you are assigned
- Identify, communicate and address all newly encountered hazards, unsafe conditions, (acts of others), and close calls
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## Personal Protective Equipment (PPE) Policy

The minimum requirement when on our worksite is a hi vis vest, hard hat and safety footwear. A hardhat is not required while working inside equipment if no hazard exists. Additional PPE may be required based on the job task, client requirements or as determined from onsite hazard identification.

All PPE must meet regulatory and Canadian Standards Association (CSA) standards.

The following provides a *guideline* to the requirements and use of PPE. Reference: Occupational Health and Safety Regulation (OHSR) on the WorkSafeBC website under OHS Regulation, Part 8 Personal Protective Clothing [www2.worksafebc.com/publications/OHSRegulation/Part8.asp](http://www2.worksafebc.com/publications/OHSRegulation/Part8.asp).

PPE	Requirements	Used in these situations
<b>High-visibility clothing</b>	<ul style="list-style-type: none"> <li>The apparel must be a colour that contrasts with the environment.</li> <li>Must have at least 775 sq. cm of fluorescent / retro-reflective trim on both the front and back.</li> <li>Additional requirements apply if used for traffic control.</li> </ul>	<ul style="list-style-type: none"> <li>When worker is outside of a vehicle or machine, or office.</li> </ul>
<b>Head protection</b>	<ul style="list-style-type: none"> <li>High-visibility, side impact hardhat.</li> <li>Cleaned regularly and stored away from grease and tools.</li> <li>Must be free of cracks, dents or any other damage.</li> <li>Chin straps must be used when workers are climbing, working from a height exceeding 3metres, or working in high winds.</li> </ul>	<ul style="list-style-type: none"> <li>Must be worn in any work area where there is a danger of head injury from falling, flying or thrown objects, or other harmful contacts.</li> </ul>
<b>Hearing protection</b> OHSR Part 7 Noise, Vibration, Radiation and Temperature	<ul style="list-style-type: none"> <li>WorkSafeBC's noise exposure limits are:               <ul style="list-style-type: none"> <li>85 dBA Lex daily noise exposure level</li> <li>140 dBA peak sound level</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>If those levels cannot be practicably met, the employer must:               <ul style="list-style-type: none"> <li>Reduce levels as low as possible</li> <li>Post warning signs regarding noise hazard areas</li> <li>Provide to workers hearing protection that meets CSA standards, and ensure it is worn effectively in noise hazard areas.</li> </ul> </li> </ul>
<b>Limb and body protection</b>	<ul style="list-style-type: none"> <li>Must be stored in a dry area.</li> <li>Must be free of holes and, in the case of hand protection, made of a material that provides a good grip.</li> <li>Must be impermeable if used in refuelling.</li> </ul>	<ul style="list-style-type: none"> <li>When the worker is exposed to a substance or condition that is likely to puncture, abrade or affect the skin – or be absorbed through the skin.</li> </ul>
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>Safety eyewear must fit properly and include side shields when necessary for worker safety.</li> </ul>	<ul style="list-style-type: none"> <li>Safety eyewear must be worn when working in conditions that are likely to injure or irritate the eyes.</li> <li>Face protectors must also be used if there is a risk of face injury.</li> </ul>

PPE	Requirements	Used in these situations
<b>Safety footwear</b> CSA Z195 – Protective Footwear	<ul style="list-style-type: none"> <li>Workers must protect their feet from hazards by selecting and correctly using protective footwear certified by CSA Group.</li> </ul>	<ul style="list-style-type: none"> <li>Safety footwear must consider the following factors: slipping, uneven terrain, abrasion, ankle protection and foot support, crushing potential, temperature extremes, corrosive substances, puncture hazards, electrical shock, and any other recognizable hazard.</li> <li>Toe and metatarsal protection, puncture resistance, and/or dielectric protection must be used where appropriate.</li> <li>Caulked or other equally effective footwear must be worn by workers who are required to walk on logs, piles, pilings or other round timbers.</li> </ul>

# FORMS

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## Forestry Inspections and Assessments

Site inspections and assessments required on the tenure are:

- First Aid Assessment – Forms 7 and 8
- Inspections for the Site – Form 4
- Inspections and maintenance of mobile equipment (e.g. excavator, skidder, log truck) and vehicles (e.g. Pick-up trucks) – Forms 11 & 12
- Corrective Action Log – Can be used for all inspections and assessment for documentation of action required and completion of required action.

### First Aid Assessments

**To be completed at the beginning of each operating season or starting operations on a new site (i.e. cut block)**

A first aid assessment is required to check and ensure that the first aid resources and supplies are suitable for the company's operations. First Aid assessments are completed for all worksites prior to the commencement of operations and would include field sites such as cut blocks, gravel pits, bridge sites, roads, landings, silviculture treatment units, shop, mill site and office. First aid assessments should also be completed for equipment such as camps, boats and trucks. The Tenure Holder should complete an assessment at the start of each operating season or when starting operations on a new site (short term worksite) or cut block/location.

## Incident Procedures

All incidents listed as well as close calls are to be reported to the Tenure supervisor immediately. The following table provides Tenure applicable external incident reporting requirements:

**Table 9.0 – Reporting Requirements**

Type of Incident	Reporting to WorkSafeBC	Reporting to other parties
Any incident involving serious injury or death	Immediate reporting requirement	Police immediately and client if applicable
Machine upsets	Immediate reporting requirement	To client if applicable
Injuries that prevent an employee from performing assigned tasks	WorkSafeBC Form 7 – Employer’s Report of Injury or Occupational Disease	To client if applicable
Contact with a power line		BC Hydro
Spills		As per requirements of ERP
Forest Fires		As per requirements of ERP
Motor vehicle incidents		Police as per Motor Vehicle Act

### Incident Investigation

All incidents including close calls will be reported as soon as practicable to the Tenure Holder or supervisor. The supervisor will determine which ones will be investigated formally using Form 14 (Investigation Long Form) or Form 15 (Investigation Short Form).

The following is a guide (Table 10.0) as to which form should be used:

Form 15 (Investigation Short Form)	Form 14 (Investigation Long Form)
Injury to worker was treated by site first aid attendant and medical treatment was unnecessary	Injury of a worker requiring medical treatment and time loss was incurred
Injury of a worker requiring medical treatment and no time loss incurred	Machine upset
	Close calls where if contact had been made that the consequences could have been one of the situations noted above

The root cause will be determined for all incidents (e.g. inadequate road maintenance resulted in poor road conditions leading to a truck incident). To prevent the occurrence of similar incidents an action plan will be written and the action items assigned to a specific Tenure employee and completion dates will be specified.



## Emergency Response Plan

Tenure # \_\_\_\_\_ Emergency Response Plan (ERP) will cover emergency response procedures for injuries, wildfires, fires, natural disasters and fatalities.

*Tenure Holder to fill in portions of the ERP that are specific to their Tenure License operating area.*

### Emergency Plan Checklist

Worksite Details		
Physical location of Tenure:		
Coordinates of Tenure:	Latitude:	Longitude:
Type of emergency access:	<input type="checkbox"/> Land only <input type="checkbox"/> Air only <input type="checkbox"/> Air and Land	
For land access describe route to site:		
First Aid Details		
First Aid attendant on site:		
Persons who could be of assistance:	Name  1. _____  2. _____	How to contact  1. _____  2. _____
Location and types of First Aid Kits:	Types  1. _____  2. _____	Location  1. _____  2. _____
Communication Details		
On site radio frequency:		
Alternate radio frequency:		
On site telephone number:		
Communication devices:	Type of unit  1. _____  2. _____	Location of unit  1. _____  2. _____

Emergency Telephone Numbers			
Nearest point for cell phone coverage:			
Dial "911" for Police, Fire, or Medical assistance. If "911" access is not available at your worksite, use the alternate emergency numbers below.			
Provincial Ambulance: 1-800-461-9911			
RCMP		Emergency Response Center (spills, contamination, etc.)	1-800-663-3456
WorkSafeBC	1-888-621-7233	WorkSafeBC (after hours & weekends)	1-866-922-4357
Poison Control Center	1-800-567-8911	Reporting Fire	1-800-663-5555
BC Hydro	1-888-769-3766	Air or marine emergency	1-800-567-5111

Tenure Contact Name and Ph.:		
Alternate Contact Name and Ph.:		
Licensee rep name and Ph.:		
Other Important names and Ph.:		

**Tenure #** \_\_\_\_\_ **Location** \_\_\_\_\_

## **FIRE ERP**

### **Initial Fire Response Steps**

1. Stop operations and notify the rest of the crew
2. Report fire immediately to BC Wildfire Branch
3. Person reporting remain available to communicate details of fire suppression activities and details regarding the fire
4. The remaining crew begins immediate action on the fire to their level of safety and competence
5. Crew leader to continue to supervise efforts until relieved by BC Wildfire Branch personnel

#### **IF alone...**

1. Take immediate action on the fire if you believe you can safely control it yourself
2. If the fire is beyond your ability notify the BC Wildfire Branch immediately and follow their instructions. **Do not take action on an intense fire yourself!**
3. If you are able to take action on the fire yourself, report the fire to the BC Wildfire Branch as soon as you feel that the fire can be left alone without spreading out of control

## **SPILL ERP**

### **Initial Response Steps**

1. If safe, stop the product flow (shut off machine, close valves, elevate hoses, shut off pump, etc.)
2. Stop operations and notify the rest of the crew
3. Assess the hazard involved with the spill (material/ location/ circumstances)
4. If controlling the spill is within the capability of the crew, take action to minimize its spread (using hand tools, heavy machinery, spill kits etc.)

#### **Spills to land:**

1. Contain spill so it does not move towards watercourses. Divert water flowing to the spill site
2. Mark the perimeter of the spill
3. Dig recovery ditches and sumps within the containment area
4. Monitor the ditch flow and sump levels
5. Recover the spilled material from the sumps and ditches using absorbent materials

#### **Spills to water:**

1. In a ditch or stream contain the spill using whatever surface water containment is possible (consider making an oil/ water separator using a pipe at the bottom of an earth dam allowing the clean water to flow away normally)
2. Divert and coral the spilled material to containment area using booms/ logs, etc
3. Continue to sweep and recover
4. Place spill pads on water surface and wring out into pails or heavy duty bags

**Spills under 25 litres:**

1. Soak up all free material using absorbent pads or other materials
2. Placed used absorbent materials in a heavy duty plastic bag or other suitable container for proper disposal or recycling
3. Mix stained soil with commercial bioremediation agent

Report the spill to PEP at 1-800-663-3456 in accordance with the following table:

<b>Hazardous Material</b>	<b>Provincial Emergency Program (PEP) Reportable Spill Level (to water or land)</b>
Antifreeze (Ethylene Glycol)	5 litres
Diesel	100 litres
Gasoline	100 litres
Grease	100 litres
Hydraulic oil	100 litres
Lubricating oil	100 litres
Gas line antifreeze (methylhydrate)	100 litres
Explosives	Any amount

**NATURAL DISASTER ERP  
Initial Response Steps**

**(Landslides, avalanches, sudden severe windstorms, rapidly spreading forest fires, etc.)**

1. Evaluate – Notify supervisor – notify the rest of the crew. Shut down all operations
2. Notify crew to gather at the pre-arranged muster point
3. Account for all workers present at the site
4. Leave machines in a safe location if possible
5. Leave the site together if safe to do so
6. Inform any incoming workers (swing shift, incoming empty trucks etc.) not to come to the site
7. Notify applicable authorities (RCMP, Provincial Emergency Program, BC Wildfire Branch, BC Hydro, Fortis, or other gas company, as applicable)

**FATALITY ERP**

1. Approach the scene if safe
2. Contact supervisor
3. Secure the scene – do not disturb the scene unless to make it safe
4. Cover the body
5. Notify the RCMP (911) or alternate number: \_\_\_\_\_
6. Call WorkSafeBC at 1-888-621-7233 (Mon.-Fri. 8:30-4:30pm) after hours 1-866-922-4357
7. Do not use any names over the radio
8. Use secure method to communicate (e.g. satellite phone, cell phone, land line) if possible

### FIRST AID PROCEDURE ERP

1. If you have a minor injury and can move without assistance, travel to or call the designated first aid attendant to arrange to meet at a specific location
2. For **minor wounds**, breaks, strains:
3. Call / radio 1<sup>st</sup> Aid Attendant to the scene
4. Ensure site is safe, then stabilize patient (provide first-aid), transport to hospital, if necessary. The 1<sup>st</sup> Aid Attendant does not have the authority to overrule a worker's decision to seek medical attention
5. Advise office and hospital when you are on route
6. If accident is the result of a motor vehicle accident, advise the RCMP

### SERIOUS INJURY ERP

1. Ensure site is safe, then stabilize (provide first-aid) and/or prepare patient for transport
2. Call 911 if using a cellular phone, or call 1-800-\_\_\_\_-\_\_\_\_ for alternate emergency ambulance if using a satellite phone (as 911 may not reach the right place)
3. Provide nature of injuries, location co-ordinates in UTM or longitude and latitude for landing site, and communication method to use on the way to the accident site
4. If the 1st Aid Attendant thinks that air evacuation is required you must advise the communication center you've reached; if road evacuation is used, advise if you will be meeting the ambulance
5. If evacuating by road provide the route to be travelled to the communication center Radio frequencies: \_\_\_\_\_
6. If you cannot get out using phone services, then notify the appropriate Licensee Office using radio, and someone will arrange the emergency transport services for you
7. Stay in contact to relay additional information. If you cannot contact the Office using phone services or radio, try contacting any individual with radio or telephone access to relay the emergency to the Office or Ambulance
8. If you cannot reach anyone by phone or radio, send someone on site to establish contact from a point where you can relay messages. If you do contact someone and help is on the way, stay in contact to provide emergency transport services with more details and receive instructions if required.

## Form 4 – Tenure Site Hazard Assessment/Site Inspection/Pre-Work Meeting

Meeting Date: \_\_\_\_\_ Tenure#: \_\_\_\_\_ Site: \_\_\_\_\_

Check off all that apply:	Site Hazard Assessment		Site Inspection:		Pre-Work Meeting	
---------------------------	------------------------	--	------------------	--	------------------	--

### Persons Present:

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

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 that may occur:							
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:							
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 7 – Tenure First Aid Assessment Worksheet for Timber Cruising, Silviculture or Inspections.**  
**For Tenure with surface travel time to hospital OVER 20 minutes**

May include other tenure activities not related to timber harvesting.

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

Tenure # \_\_\_\_\_ Location \_\_\_\_\_

2(a) Hazard rating on Assigned Hazard Rating List	<i>Maximum -- Moderate</i>
(b) Job functions, work processes and tools:	<i>Timber Cruising or Silviculture, Inspections or other related activities.</i>
(c) Types of injuries that potentially occur:	<i>Slips, trips, falls, cuts, bruises, sprains, broken bones</i>
(d) Rating adjustment: if adjusted provide documentation; otherwise <i>LOW</i>	
4(b) Total number of workers per shift;	_____ workers
5(f) Barriers to first aid:	Circle: <i>None; uncontrolled railway Xing; road closings; or Other</i> _____ (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 – Tenure First Aid Assessment Worksheet for Timber Cruising, Silviculture or Inspections.  
For Tenure with surface travel time to hospital UNDER 20 minutes**

May include other tenure activities not related to timber harvesting.

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

Tenure # \_\_\_\_\_ Location \_\_\_\_\_

2(a) Hazard rating on Assigned Hazard Rating List	<i>Maximum-- Moderate</i>
(b) Job functions, work processes and tools:	<i>Timber Cruising or Silviculture, Inspections or other related activities.</i>
(c) Types of injuries that potentially occur:	<i>Slips, trips, falls, cuts, bruises, sprains, broken bones</i>
(d) Rating adjustment: if adjusted provide documentation; otherwise <i>LOW</i>	
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: <i>None; uncontrolled railway Xing; road closings; or Other</i> _____ (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):	_____
Certificate Level of first aid attendant (From Col. 3 Table 5):	_____
Transportation needs (From Col. 4 Table 5):	_____

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



## Form 11 – Inspection Form for Equipment, Pickup or 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

Tenure # \_\_\_\_\_ 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 (# & condition											
Tires											
Mirrors											
Horn											
Windshield condition											
Wipers											
Washer fluid											
Radio/sat phone/cell phone											
Cab clear of unsecured heavy articles											
Loose articles secured in box											
Fire tools (in season)											
First aid kit											
<b>Check off if all items ok</b>											
<b>Repairs or service</b>				<b>Date</b>	<b>Km</b>	<b>Details</b>					

## Form 12 – Equipment Maintenance Log

Complete a maintenance log for all pieces of equipment (machines, vehicles, and tools) that you use.

Equipment: \_\_\_\_\_

Manufacturer's required service interval (hours or mileage): \_\_\_\_\_

Date (dd/mm/yyyy)	Mileage or hours	Work completed	By who?

☐ Equipment manual is in the truck

## Form 13 – Hazard, Close Call/Near Miss, Property Damage or Injury Report

Check all boxes that apply:

☐ Hazard ☐ Close Call/Near Miss ☐ Property Damage ☐ Injury

Reporting hazards before an injury occurs is important to all of us.  
An incident is a close call/near miss; property damage or an injury.

Date of incident or hazard report:	_____	Company:	_____
Date reported:	_____	Location:	_____
Reported by:	_____	Type of job:	_____
Witness(es):	_____	FA attendant (if applicable):	_____
Description of the hazard or incident:			

Hazard or Incident Type (check)	
Immediate threat to life	
Potential threat to life or serious injury	
Potential injury	
Ergonomic (MSD) hazard	
Minor hazard-injury unlikely	
Property Damage	
Other :	

Hazard or Incident Classification (check)	
Road condition	
Layout	
Timber	
Damaged equipment	
Slip, trip or fall	
Temperature	
Fire hazard	
Chemical	
Machine guard	
Damaged or improper PPE	
Electrical	
Other:	

The Problem	Corrective Action	Who to do?	By when date?	Done Date?

Is an incident investigation required?

☐ Yes ☐ No

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

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

## Form 14 – Incident Investigation Long Form

Tenure #: \_\_\_\_\_ Licensee Name: \_\_\_\_\_

Please refer to reference material at the end of this form to assist in filling out required fields.											
Incident #:(office use only)		Tenure#		Date of Incident (dd/mm/yyyy)			Time of Incident				
							<input type="checkbox"/> AM <input type="checkbox"/> PM				
Primary Type of Incident (select one)		Record of Injury (select one)									
<input type="checkbox"/>	Injury	<input type="checkbox"/>	Property Damage /	<input type="checkbox"/>	Close Call	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Medical Aid	<input type="checkbox"/>	Fatality
<input type="checkbox"/>	Close Call	<input type="checkbox"/>	Process Loss	<input type="checkbox"/>	Medical Treatment	<input type="checkbox"/>	Restricted Work	<input type="checkbox"/>	Lost Time		
Injured/Involved Person(s) Name(s)		Department (if applicable)				Supervisor					
<input type="checkbox"/>	N/A	<input type="checkbox"/>	Employee	Witness(es)							
<input type="checkbox"/>	Visitor	<input type="checkbox"/>	Contractor	Operation Condition at Time of Occurrence (select 1)		<input type="checkbox"/>	Normal	<input type="checkbox"/>	Scheduled Maintenance	<input type="checkbox"/>	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 Dam				\$							
Risk Level (use reference material located on the last page of this				High → Low							
1	What was the risk level of this incident? (please choose one)			<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3		4
2	What could have been the <i>potential</i> severity level? (please choose one)			<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3		4

## Cause Analysis

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

### Injury Information (select all that apply)

Nature of Injury		
<input type="checkbox"/> Allergies / sensitivities	<input type="checkbox"/> Cut / puncture / open wound	<input type="checkbox"/> Hernia / rupture
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Infection
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Respiratory conditions
<input type="checkbox"/> Bruise / contusion	<input type="checkbox"/> Foreign body	<input type="checkbox"/> Scratch / abrasion
<input type="checkbox"/> Burn	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprains / strains – joints, muscles
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Other occupational injuries

Body Part		
<input type="checkbox"/> Abdomen <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Face <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Neck <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Ankle <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hand <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Shoulder <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Arm <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Wrist <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Back <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Groin <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Mouth / teeth <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Chest <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Head <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Multiple part <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Ear <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hip <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Other <input type="checkbox"/> L <input type="checkbox"/> R
<input type="checkbox"/> Elbow <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Knee <input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Eye <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Leg <input type="checkbox"/> L <input type="checkbox"/> R	

Source of Injury		
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Human	<input type="checkbox"/> Petroleum products
<input type="checkbox"/> Conveyor	<input type="checkbox"/> Ladders	<input type="checkbox"/> Power tools
<input type="checkbox"/> Debris / scrap	<input type="checkbox"/> Logs	<input type="checkbox"/> Slivers
<input type="checkbox"/> Electrical equipment	<input type="checkbox"/> Lumber	<input type="checkbox"/> Steam
<input type="checkbox"/> Fasteners	<input type="checkbox"/> Machine parts	<input type="checkbox"/> Work area
<input type="checkbox"/> Fire / smoke	<input type="checkbox"/> Mobile equipment	<input type="checkbox"/> Working surface
<input type="checkbox"/> Hand tools	<input type="checkbox"/> Noise	<input type="checkbox"/> Other (provide details below):
<input type="checkbox"/> Heat	<input type="checkbox"/> Office equipment	
<input type="checkbox"/> Hoisting equipment	<input type="checkbox"/> Pallets	

Other	

Incident Description (describe events leading up to, during and post-incident)

Immediate Causes (select and describe <u>all</u> that apply)					
1	<input type="checkbox"/> Failure to follow safe work practices or rules	9	<input type="checkbox"/> Inadequate awareness of surroundings	17	<input type="checkbox"/> Poor housekeeping / disorder
2	<input type="checkbox"/> Improper use of equipment / tools	10	<input type="checkbox"/> Improper placement, storage or securement	18	<input type="checkbox"/> Worksite conditions / congestion / visibility
3	<input type="checkbox"/> Inadequate grip or hold	11	<input type="checkbox"/> Repetitive motion	19	<input type="checkbox"/> Inadequate warning systems
4	<input type="checkbox"/> Improper lifting / pushing / pulling	12	<input type="checkbox"/> Inadequate use of safety devices	20	<input type="checkbox"/> Inadequate / improper protective equipment
5	<input type="checkbox"/> Failure to obtain assistance	13	<input type="checkbox"/> Under influence of alcohol and / or drugs	21	<input type="checkbox"/> Inadequate labelling
6	<input type="checkbox"/> Failure to warn or instruct	14	<input type="checkbox"/> Weather conditions	22	<input type="checkbox"/> Other – please specify:
7	<input type="checkbox"/> Failure to lockout	15	<input type="checkbox"/> Fire / explosion		
8	<input type="checkbox"/> Failing to use PPE properly	16	<input type="checkbox"/> Absence of guards and / or barriers		
Description of Immediate Causes (for each item selected above, please describe here):					



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)

Approvals	Print name	Signature	Date (D/M/Y)
Investigation leader			
Investigation team members			
Corrective action assignee(s)			

		Probability of Occurrence			
		A	B	C	D
Potential Severity	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 15 – Incident Investigation Short Form

Date of Incident:	Tenure#:
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/UTV 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:	<input type="checkbox"/>	failure to follow safe work procedures	<input type="checkbox"/>	inadequate work planning, engineering, design
Notes:	<input type="checkbox"/>	improper use of equipment/tools/lockout	<input type="checkbox"/>	inadequate policies and/or procedures

Notes:	<input type="checkbox"/>	failure to warn or instruct	<input type="checkbox"/>	inadequate communications
Notes:	<input type="checkbox"/>	Body positions – pushing, pulling repetition	<input type="checkbox"/>	inadequate supervision
Notes:	<input type="checkbox"/>	improper use of PPE	<input type="checkbox"/>	inadequate risk/hazard assessment
Notes:	<input type="checkbox"/>	inadequate awareness of surroundings	<input type="checkbox"/>	mental, physical stress/fatigue
Notes:	<input type="checkbox"/>	poor housekeeping	<input type="checkbox"/>	inadequate maintenance/inspections
Notes:	<input type="checkbox"/>	worksite conditions – weather congestion, layout, (circle)	<input type="checkbox"/>	inadequate physical abilities
Notes:	<input type="checkbox"/>	other	<input type="checkbox"/>	other

Corrective Actions:	Assigned to:	Due date:	Completed date:

## Form 16 – Contractor Management Pre-Qualification Checklist

The company needs to show that it evaluates a potential contractor's health and safety program before hiring.		
Company Name:		Company Address:
Health and Safety Contact:		Phone:
Alternate Contact Person:		Phone:
Company <u>must</u> be SAFE certified:		SAFE certified number:
Criteria in addition to SAFE certification:		Comments:
They have their own OHS program.		
In good standing with WorkSafeBC.		
Giving weight to the safety record and current practices of the contractor companies.		
Names of employees designated to supervise their workers.		
<p>Independent contractors will be included in safety plans, such as:</p> <ul style="list-style-type: none"> <li>• Including them at safety meetings.</li> <li>• Subjecting them to company's supervision.</li> <li>• Including them in assessments and inspections.</li> </ul> <p>Regular meetings will be held with our contractors to discuss safety performance and planning.</p> <p>If the contractor is a SEBASE/BASE - sized company, then management-to-management meetings will be held on at least an annual basis.</p> <p>If the contractor is an independent owner-operator, they may be assessed using the regular worker process.</p>		
This form will be stored in the employee / contractor personnel file.		
Company Representative:		Date:

## Form 17 – Contractor (Non-Prime) Inspection Checklist

To be completed by the Tenure Holder/owner or Tenure Manager at the commencement of activities by the contractor and minimum 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
1.	Is the designated supervisor an on-site supervisor?				
2.	Do you have documented pre-work meetings with your crew(review docs)				
3.	Does the pre-work include and name your subcontractors? (review docs)				
4.	Does the pre-work document block hazards? (review docs)				
5.	Is the pre-work an ongoing record? (review docs)				
6.	How are hazards identified and communicated at the site after the pre-work?				
7.	Do your subcontractors provide you with the names of their designated supervisors?				
8.	How is this documented?				
9.	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?				
10.	What are your procedures in the workplace to ensure safe access? Is the required signage posted?				
11.	Have you done a first aid assessment for this site? (review docs)				
12.	What first aid services/coverage do you provide?				
13.	How are you conducting regular inspections of the worksite, work methods & practices, including doing worker (including fallers) inspections? (review docs)				
14.	Do you have a site safety plan and is it available to all employees, and sub-contractor employees at the worksite?				
15.	What is your safety meeting process?				
16.	Do all your employees and subcontractor employees attend the safety meetings?				
17.	Are safety meeting minutes present on site? (review docs)				

		Yes	No	NA	Comment/Answer
18.	Are all safety incidents reported and investigated? (review docs)				
19.	How do your employees report hazards? What does the follow up process look like?				
20.	Is the ERP on site and available to workers? (review docs)				
21.	Does your ERP cover emergency medical evacuation, first aid, fatalities, fire, natural disasters? (review docs)				
22.	How is your ERP communicated?				
23.	When was your ERP last tested (including communications devices)?				
24.	Do you have qualified supervisors for your fallers (if applicable)				
25.	Do you have safe work procedures for all activities being carried out by your crew? (review docs)				
26.	Do your safe work procedures include machine specific lockout requirements? (review docs)				
27.	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: \_\_\_\_\_

Tenure# \_\_\_\_\_ Licensee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Form 18 – Prime Contractor Pre-Qualification Checklist

To be completed by the Tenure Owner/Holder or Tenure Manager to determine if a contractor is qualified to be made Prime.

Copy to be given to contractor if corrective actions are required.

<b>Prime Contractor Name:</b>		<b>Date:</b>	
1	<b>WorkSafeBC Clearance attached</b>	<b>Date:</b>	
2	<b>SAFE Certification</b>	<b>Number#</b>	<b>Expiry date:</b>

3	<b>Safety Program Content</b>	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 <ul style="list-style-type: none"> <li>• Fire Prevention and Suppression Emergency Response Plan</li> <li>• First aid procedures</li> <li>• Spill procedures</li> <li>• Natural disaster procedures</li> <li>• Emergency medical evacuation</li> <li>• First aid assessments (prior to starting in new areas).</li> <li>• Fatalities procedure</li> </ul>	
	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 hand falling is to take place)	

#	Improvements Required	Required Corrective Action	Person Responsible	By When	Date Done

**Prime Contractor Representative Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Tenure#** \_\_\_\_\_ **Licensee Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

## Form 19 – Prime Contractor Agreement

THIS AGREEMENT is made effective the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

### 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

2. 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:
  - (a) 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”);
  - (b) 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;

- (c) 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;
- (d) 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;
- (e) 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;
- (f) 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;
- (g) 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;
- (h) 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 3<sup>rd</sup> 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;
- (i) 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;
- (j) 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;
- (k) promptly implement all safety recommendations of the Company, acting reasonably;
- (l) deliver to the Company
  - (i) a copy of the Notice of Project-Forestry, and
  - (ii) a copy of the Safety Program;
- (m) provide to all other employers within the Workplace the applicable Site Specific Safety Plans prepared pursuant to the Safety Program;
- (n) take steps to develop and maintain open communication relating to safety matters with the other employers and workers within the Workplace; and
- (o) provide additional training to the safety committee if required by the Company.

### **Responsibilities of the Company**

#### **3. The Company will:**

- (a) 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
- (b) 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**

4. 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:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_

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

**Prime Contractor:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_

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

## Form 20 – Prime Contractor Pre-Work

Prime Contractor representative and Tenure Holder/owner or Tenure Manager complete this form prior to starting work.

Tenure #: \_\_\_\_\_ 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:

<input type="checkbox"/>	Safety deficiencies must be corrected in a timely manner and documented.
<input type="checkbox"/>	Serious Prime Contractor incident investigations shall be attended by Tenure Licensee.
<input type="checkbox"/>	Pre-work meetings between Contractor and Tenure Licensee will take place on every setting or project.
<input type="checkbox"/>	Tenure Licensee Policies, Safe Work Procedures are available upon request.
<i>Prime Contractor will provide Tenure Licensee with the following information:</i>	
<input type="checkbox"/>	<ul style="list-style-type: none"><li>All incidents/accidents investigations.</li></ul>
<input type="checkbox"/>	<ul style="list-style-type: none"><li>Regulatory citations/inspections/audits.</li></ul>
<input type="checkbox"/>	Prime contractor is required to file a Notice of Project with WSBC with a copy to the Tenure Licensee.
<input type="checkbox"/>	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: _____	
Tenure #: _____ Licensee Name: _____ Signature: _____	

## Form 21 – Prime Contractor Inspection

To be completed at the commencement of activities at the start of the contract and minimum monthly thereafter. Monthly and at the end of the contract. Inspection frequency based on level of risk. ie: high risk requires more frequent inspections. A final inspection is required. If the contract lasts less than a month then a final inspection is required.

	Item	Yes	No	Comments	
1.	Tenure licensee has ensured that the contractor is qualified to be a Prime Contractor. Tenure licensee has ensured that the prime Contractor is SAFE Certified.				
2.	A written agreement is in place designating the Prime Contractor for the Defined Workplace.				
3.	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.				
4.	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.				
5.	Notice of project with Prime Contractor identified has been sent to WorkSafeBC prior to activities occurring and a copy is on site				
6.	Initial safety meeting held with all persons (including sub-contractors) at the Defined Workplace to review potential hazards prior to activities occurring.				
7.	All new persons / contractors / sub-contractors arriving at the worksite receive a safety orientation from the Prime Contractor prior to commencing work activities.				
8.	All employers, contractors / sub-contractors, at the Defined Workplace have provided the Prime Contractor with a list of their designated supervisors.				
9.	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.				
10.	Safe access to the Defined Work Area is secured.				
11.	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.				
12.	Documented regular inspections (by the Prime Contractor) of the Defined Workplace, and work methods & practices, including worker inspections / audits are occurring.				
13.	OHS site safety plan is in place and available to all persons / contractors and sub- contractors at the worksite.				
14.	All persons / contractors / sub-contractors at the Defined Workplace are included in the Prime Contractors OHS program and safety meetings.				
15.	Safety incidents are reported to the Tenure licensee and investigated by the Prime Contractor				
16.	Unsafe conditions / hazards are reported and remedied without delay by the Prime Contractor				
17.	All persons / contractors / sub-contractors at the Defined Workplace must be aware of the emergency procedures, and contacts.				
18.	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: \_\_\_\_\_

Tenure# \_\_\_\_\_ Licensee Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# TRAINING REQUIREMENTS

<b>Training Requirements</b>	<b>Contracting out all activities – Prime assigned</b>
<b>Tenure safety program policies, procedures and rules</b>	Prime contractor requirement flowing through to all sub-contractors
<b>S-100 Fire with annual refresher</b>	Prime contractor requirement flowing through to all sub-contractors
<b>WHMIS</b>	Prime contractor requirement flowing through to all sub-contractors
<b>TDG</b>	Prime contractor requirement flowing through to all sub-contractors
<b>Wildlife/Danger Tree Assessor</b>	Prime contractor responsible for assessing for wildlife/danger trees
<b>Certified faller</b>	Prime contractor requirement flowing through to all sub-contractors
<b>Falling supervisor</b>	Not necessary <b>but</b> it is mandatory that your Prime contractor follows through on proper falling supervision
<b>Level 1 first aid with transportation endorsement</b>	Prime conducts First Aid Assessment, determines first aid requirements, and provides required attendants and equipment

## Tenure Operations Supervision

The Tenure Manager in any forestry operation is a critical position. In many Tenure operations, the Tenure Manager is the Tenure Holder, but the Tenure Manager can also be someone designated by the Tenure Holder or their contractor. Regardless of who the Tenure Manager will be, they should have the training and experience to competently manage the Tenure operations. The training and certifications of the Tenure Manager are:

**Table 2.0 - Supervisor Qualifications**

Tenure Manager`s Name	Years of Experience in Forest Activity	Supervisor Training (date completed)	Incident Investigation Training	Other Certifications (e.g. Faller Certification, Danger Tree Assessor)	Other Certifications (e.g. Forest or Engineering Technologies, Forester, Engineer)

### Contractor Management (Forms 16 to 21)

When contractors are to be hired it is important that they are competent and experienced and have a comprehensive safety program in place (e.g. SAFE Companies or equivalent). A review of the contractor's competence and experience, along with equipment and operations records, will be completed prior to hiring. The contractor qualifications that will be examined / evaluated are outlined in Table 3.0.

**Table 3.0 – Contractor Requirements**

<b>Contractor Qualification</b>	<b>Requirement</b>
SAFE Certification	Preferred
Health and Safety Plan	Mandatory and fully implemented
Standing with WorkSafeBC	Must be in good standing. Obtain a clearance letter to confirm.
Completed other contracts in good standing	Mandatory – Check references
Supervision of contractor's workers on the Tenure	Contractor must provide an experienced supervisor, who will be available to the workers and will be actively supervising the workers
Experienced and trained in the forest activity	Must have several years of experience in the activity and have appropriate certifications where necessary (e.g. Faller Certification, appropriate Driving Licence, Registered Professional Forester, Danger Tree Assessor, etc.) Confirm by obtaining certificates.
Appropriate equipment in good working order and meets safety requirements	Equipment is in good condition, has been maintained and has the appropriate safety devices installed and operational (e.g. Chain brake on chainsaws, Roll-Over-Protective (ROPS) and Falling-Object-Protective Structure (FOPS) on mobile equipment)
Prime Contractor Insurance	Liability, fire, additional insurance certificates etc. Obtain copies of certificates
Additional requirements	
Additional requirements	

A Contractor Pre-Qualification Check list (Form 16) can be used to record the evaluation. Once a contractor is hired, its employees will be involved in Tenure activities such as:

- Participating in Safety Meetings.
- Pre-work orientations and meetings.
- Inspections and assessments (e.g. road and engineering, planting, surveys, etc.).
- Will be supervised by the contractor and/or Tenure supervisor depending on the contract and situation.
- Inspection of contractor (Non-Prime Contractor Inspection Checklist – Form 17).

Regular meetings will be held with the contractor to discuss operations, safety measures and performance and planning of future operations.

If the contractor is a SEBASE/BASE (6-19 employees or >20 employees), then meetings between the Tenure manager(s) and the Contractor manager(s) must be held on at least an annual basis. These meetings should be more frequent when new projects are initiated.

If the contractor is an independent owner-operator, they will be assessed using the regular worker assessment process and will participate in Tenure safety procedures (e.g. safety meetings, pre-works, etc.).

## Prime Contractors

If a contractor is hired to fulfill the role of Prime Contractor where they are required to undertake tenure management activities, including the supervision and coordination of the activities of other contractors (sub-contractors), then that contractor (the Prime Contractor) will be responsible for all safety management and activities under that company's health and safety program. The same qualifications as listed above in Table 3.0 – Contractor Requirements apply.

Where Prime Contractor\* status is assigned by the Tenure Holder, the following must be completed:

- Prime Contractor pre-qualification checklist (Form 18)
- Pre-work with Prime Contractor (Form 19)
- Prime Contractor agreement (Form 20)
- Monthly and final inspection of the Prime Contractor (Form 21) – Also final inspection of work completed and recommendations to address any deficiencies

### Prime Contractor Responsibilities:

1. **Compile** all the safety information and share this information with designated supervisors. e.g.: onsite hazards and the ways to control those hazards, work plans, safe work practices, etc.
2. **Communicate** any changes in the worksite and any necessary action(s) to the designated supervisors. e.g.: changes to plans, established safe work practices, access, etc.
3. **Coordinate** the activities on site to ensure a safe operation.

This is an often misunderstood part of the process, if you are the only contractor or company on site then the prime contractor requirements do not apply. The owner of a workplace is an important part of the prime contractor process. It is the owner that assigns prime contractor status through a written agreement and if that agreement isn't in place, the owner is the prime contractor.

\*The BCFSC's Prime Contractor Guide can assist you in determining what your responsibilities are when assigning prime contractor status. Please visit our website.



# **SAFE WORK PROCEDURES**

## Safe Work Procedures (SWPs)

By following Safe Work Procedures or work instructions, the risk of personal injury, damage to the forest environment and equipment downtime is reduced. Safe Work Procedures will provide information including: hazards of the job (e.g. chainsaw kickback), ways to protect yourself such as controls (e.g. chain brake) and personal protective equipment (e.g. hard hat and face guard).

The following Safe Work Procedures have been identified by the Tenure Holder and/or Tenure Manager and attached to the Tenure Health and Safety Plan. These are example documents that can be used as or replaced with ones developed by the tenure holder.

**Table 4.0 – Safe Work Procedures**

[www.bcforestsafe.org/resource/audit-submission-support-swps/](http://www.bcforestsafe.org/resource/audit-submission-support-swps/)

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## Safe Work Procedure – Driving on Resource Roads

### SAFE PRACTICES:

- Conduct a “pre-trip” vehicle check. Use a Vehicle Log to record pre-trip safety inspection.
- Report deficiencies and do not use if equipment is in unsafe condition.
- As the driver you are responsible for your passengers. Ensure that you and all your passengers are wearing seatbelts. No seatbelt – no drive.
- No handheld cell phone use – get a passenger to make and receive your calls, use a Bluetooth device or let it go to message.
- Drive defensively at all times.
- Do not exceed posted speed limits.
- Do not exceed 80kph or posted speed limits on resource roads.
- Drive to the road conditions. Lower speed as required. Consider:
  - Visibility reduced by dust, fog, rain and snow;
  - Narrow roads with over width vehicles;
  - Steep favorable and adverse grades;
  - Slippery and variable road surface conditions due to loose gravel, snow, ice or mud;
  - Other users.
- Use vehicle for intended use only (purpose and weight limitations).
- Drive with vehicle lights on at all times.
- Stay on your side of the road.
- Secure all heavy or sharp objects in the cab of the vehicle.
- Respect that loaded logging trucks have the right of way on single lane roads.
- Do not tailgate
- Pass trucks or equipment only after you receive a clearly visible and/or audible signal from the operator.
- Switch drivers if you are becoming drowsy
- Never chase a runaway vehicle.

### RADIO USE:

- Before starting on road with posted radio channel do a radio check to ensure correct frequency.
- Do not drive by the radio. Expect oncoming traffic on all corners.
- Call your position according to the local radio protocol and signage. Call “up” or “down”
- Notify other radio equipped vehicles of oncoming non-radio equipped traffic.
- Do not use road radio channels for conversations, use only for road traffic protocols.
- Pull over and safely park when talking on the radio phone for an extended period of time. Remember – intense conversations are highly distracting.

**PARKING:**

- Park clear of traffic, away from active areas in pullouts or extra wide straight sections of road.
- If radio calling, notify traffic that you are clear at x km.
- Park facing the direction of exit with access for service/towing activities.
- Ensure the parking brake is on and the transmission is in 1st gear or park before exiting vehicle.
- On steep grades, use wheel chocks and always turn the wheels towards the nearest ditch.
- Never park on a curve especially on the outside curve of a road.
- When turning around, back into the cut bank of the road and not towards the outside bank.
- Use flares/safety triangles/4 way flashers where required.

### ADDITIONAL SWP NOTES

[illegible]

## Documentation and Corrective Action Log

Forestry operations are diverse and usually occur at several different locations involving a number of basic phases such as:

**Planning -----> Layout -----> Road Building -----> Harvesting -----> Silviculture -----> Surveys**

For the Tenure Holder, Owner, Contractor, Logger or Forest Professional, due diligence is covered by being in compliance with regulations, best practices and documenting all actions and activities.

The Tenure Holder is encouraged to document any corrective actions that are required using a Corrective Action Log (CAL). The following activities can be documented and tracked using a CAL:

- Hazards that could be controlled (e.g. road failures, danger trees, etc.)
- Maintenance or repairs required on machinery (e.g. cracked windshields, oil leaks, etc.)
- Safety Plan requirements (e.g. Site Assessments, Worker Orientation, etc.)
- First Aid and other supplies needed

If unsure about its importance, it is always best to document the action or requirement on whatever is available such as in a journal, or modify another form. Forms are templates that are not perfect; and should therefore be modified to fit the situation.

### Corrective Action Log

**Company Name:** \_\_\_\_\_ **Audit Year:** \_\_\_\_\_

**Audit Year:**

[illegible]