

Company Name:_____

Tenure # _____

Location_____

**Tenure Safety Plan
Scenario #3**

For tenure holders who may conduct most or all tenure activities

Example:

Tenure holder who is an individual, corporate entity, First Nations or municipality directly conducts all or most activities on the tenure. Contractor(s) may also be utilized for specific activities. Examples: tree planting, log hauling or other.

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 directly conduct all or most tenure activities. Contractor(s) may also be utilized for specific activities. Examples: tree planting, log hauling or other – Contractor selection criteria needed to cover due diligence. Contractor selection criteria for the appointment of a prime contractor may be required. This program has been designed to meet BC Forest Safety Safe Companies requirements.

In this scenario, the tenure holder:

1. Conducts all or most work related to tenure activities i.e. administration, planning, layout, harvesting and silviculture,
2. May have part time or full-time employees/workers, and
3. May hire one or more contractors to complete some activities on the tenure area i.e. log hauling etc.

The Tenure Holder must have a process in place to ensure their own and employee/worker safety when they are working in the office, field and travelling to and from the tenure area.

The tenure holder also retains duties of an owner as per WorkSafeBC Worker Compensation Act Part 2 Division 4 and may have responsibilities of an employer and supervisor if employing and supervising workers under the same regulation. See pages 7 and 8 of this document.

Driving can be a high-risk activity as well. – see page 85 for Safe Work Procedure.

Definitions:

1. Tenure Holder/Owner – 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 EMPLOYED by the Tenure Holder that has taken on the responsibility for oversight of tenure management activities including contractor management.
3. Employer – includes every person or company under contract of hiring, written or oral, expressed or implied, a person engaged in work in or about an industry.
4. Worker – includes a person who has entered into or works under a contract of hiring, written or oral, expressed or implied.
5. Driver – any person/individual that utilizes a passenger vehicle to access the tenure area for the purpose of management related activities.
6. Contractor – person or entity under contract to carry out forest management activities within the tenure area. (i.e. development, harvesting, silviculture etc.)
7. Dependent Contractor – is a subcontractor that is completely dependent on your company for work, even though it may have its own legal status and WorkSafeBC account.
8. 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

Tenure Safety Policy Statement (Commitment to Safety)			
What	When	By Whom	Page
Tenure Safety Policy	Prior to commencement of Tenure operations: annually review and sign	Tenure Holder / Owner	pg. 12

Management of Forest Workers			
What	When	By Whom	Form #
Safety Orientation Checklist	Before they start work or when returning to work after an absence of longer than 6 weeks	Tenure Holder / Tenure Manager	1
Worker-New Worker Assessment Form	Frequency dependant on risk of activity and competency level of worker. Complete for each employee at least once during duration of activity.	Tenure Holder / Tenure Manager	2
Training and Certification Log	Add to the log every time a new employee is hired or update as courses/training taken or expired	Tenure Holder / Tenure Manager	3

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 Holder / Owner	pg. 24

Tenure Forestry Operations			
What	When	By Whom	Form #
Hazard Assessment	Prior to each operation	Tenure Holder / Tenure Manager	4
First Aid Assessment	Prior to each operating season	Tenure Holder / Tenure Manager	5,6,7, or 8
Pre-work Meeting	Prior to each operation (Meeting is a safety meeting)	Tenure Holder / Tenure Manager	4
Safety Meetings	At the start of each new operation; daily tailgates thereafter as required	Tenure Holder / Tenure Manager	4
Equipment Inspections and Maintenance (Pickup or UTV)	Daily or as required	Driver/Operator(s)	11 and 12
Office Inspection (if applicable)	Monthly	Tenure Holder / Tenure Manager	9
Shop Inspection (if applicable)	Monthly	Tenure Holder / Tenure Manager	10

Tenure Operations Supervision			
What	When	By Whom	Form #
Documentation of Supervisor's Competency	Annually or as required to document training and updates	Tenure Holder / Owner	Table 2.0 pg. 79

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

Contractor Management			
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Contractor (non-prime) Inspection/Assessment	Monthly and at the end of the contract	Tenure Holder / Owner	17
Prime Contractor Pre-Qualification	Prior to assigning Prime Contractor	Tenure Holder / Owner	18
Prime Contractor Agreement	Prior to work commencement	Tenure Holder / Tenure Manager	19
Prime Contractor Pre-work	Prior to work commencement	Tenure Holder / 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 Holder / Tenure Manager	21

Hand Falling Management			
What	When	By Whom	Form #
Falling Supervisors Qualifications Record	Prior to/time of hire	Tenure Manager / Supervisor or Falling Supervisor	22
Faller's Information Record	Prior to/time of hire	Tenure Manager / Supervisor or Falling Supervisor	23
Faller's Site Hazard Assessment	At start of each new falling operation	Falling Supervisor	24 Part 1
Initial Safety Meeting Checklist – Hand Falling	At start of each new falling operation	Falling Supervisor	24 Part 2
Falling and Bucking Supervisor Checklist	At least once with each faller and as required thereafter	Falling Supervisor	25
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 Holder / Tenure Manager	21

Safe Work Procedures			
ATV/UTV Use pg. 84	Forestry General Field Work pg. 87	Small Trailer Towing pg. 89	Wildlife Encounters pg. 91
Driving pg. 85	Pile Burning pg. 88	Snowmobile pg. 90	Working Alone pg. 95
Falling and Bucking pg.97			

Tenure Holder/Owner 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 go to the link below.

www.bcforestsafe.org/resource/woodlot-and-small-tenure-safety-resources/

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, Section 121 of BC's Workers Compensation Act requires that every director and every officer of a corporation must ensure that the corporation complies with Part 3 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: <https://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:

http://www.parl.gc.ca/About/Parliament/LegislativeSummaries/bills_ls.asp?ls=c45&Parl=37&Ses=2 and <http://www.ccohs.ca/oshanswers/legisl/billc45.html>

For more information on these responsibilities please go to the link below.

www.bcforestsafe.org/resource/woodlot-and-small-tenure-safety-resources/

Tenure Manager/Supervisor Responsibilities:

1. Ensure the health and safety of all workers under their direct supervision
2. Ensure that the workers under their direct supervision are made aware of all known or reasonably foreseeable health or safety hazards in the area where they work, and comply with all safe work requirements
3. Cooperate with other persons carrying out duties related to the health and safety of workers
4. Communicate unsafe conditions to management and workers applicable to the work being supervised.

For more information on these responsibilities please go to the link below.

www.bcforestsafes.org/resource/woodlot-and-small-tenure-safety-resources/

Employer Responsibilities:

1. Establish OHS policies and program.
2. Establish emergency response procedures and ensure all workers are familiar with them.
3. Educate workers of their rights, and responsibilities in the workplace.
4. Ensure health and safety of all workers on the worksite. (Including service providers, suppliers, visitors etc., unless assigned to another party by contract i.e. prime contractor)
5. Compile and share all safety information with workers.
e.g.: onsite hazards, work plans, safe work practices, etc.
6. Communicate any changes in the worksite and any necessary action(s).
e.g.: changes to plans, established safe work practices, access, etc.
7. Remedy all hazardous workplace conditions through hazard control. e.g. eliminate, administrative control, PPE)
8. Conduct workplace inspections, investigations and initiate corrective actions. Includes worksite, equipment and employees.
9. Provide and maintain in good condition protective equipment, devices and clothing and ensure their use.
10. Provide information, instruction, training and supervision required to ensure the health and safety of all workers i.e. to ensure worker competency.
11. Make available a copy of the workers Compensation Act and regulations available to all workers. Digital or otherwise.
12. Consult and cooperate with all worker health and safety representatives.
13. If there are 10 or more people at the work site, the workers need to elect a worker safety representative from the workers (i.e. cannot be a manager, supervisor or owner, etc.). The company then needs to set up this person with 4 hours of free online training from WorkSafeBC. <https://www.worksafebc.com/en/resources/health-safety/interactive-tools/worker-health-safety-representative-fundamentals?lang=en>
14. If there are more than 20 people on the worksite, a Joint Occupational Health & Safety Committee must be created. Each member will need 8 hours of initial training and 8 hours of additional educational leave per year.

For more information on these responsibilities please go to the link below.

www.bcforestsafes.org/resource/woodlot-and-small-tenure-safety-resources/

Worker Responsibilities:

1. Take reasonable care to protect their health and safety and the health and safety of others.
2. Carry out his or her work in accordance with established safe work procedures as required by OHS acts and regulations.
3. Use or wear protective equipment, devices and clothing as required by the regulations and /or by operating procedures.
4. Ensure that you, the worker, are not impaired by alcohol, drugs or other causes.
5. Report the absence of or defect in any protective equipment, device or clothing, or the existence of any hazard.
6. Not remove or disable any protective device (e.g. guards, lockout devices).
7. Consult and cooperate *with all* worker health and safety representatives.

For more information on these responsibilities please go to the link below.

www.bcforestsafesafe.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.bcforestsafesafe.org/resource/prime-contractor-resources/

Introduction:

General description of location of tenure: _____

WorkSafeBC Number: _____

Location Map

Structure of Woodlot ____ 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 is committed to providing a safe and healthy workplace for all our employees and contractors and believes that all injuries are preventable and that 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 Holder will be accountable for providing a safe work environment and enforcing safe work procedures and practices. Tenure Managers and supervisors 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 Holder will hold all employees and 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. Discriminatory action will not be taken against them for refusing to do unsafe work. Employees will be encouraged to contribute to the company health and safety program.

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

Employee cooperation and compliance with the health and safety program is a condition of employment.

Tenure Holder: _____

Signature: _____ Date: _____

Basic Safety Rules

The basic safety rules are stated so all workers, supervisors and the Tenure holder can identify and address unsafe practices before an incident occurs and help the Tenure holder ensure that appropriate controls (e.g. hard hats, high vis vest, radios, chainsaw chain break,...etc.) are being used and in place.

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

- Take reasonable care to protect health and safety of yourself and your co-workers
- Follow your safe work procedures
- Report to work physically and mentally fit to perform your jobs
- Use your Personal Protection Equipment (PPE) as required by the tenure policy &/or regulation
- Conduct a pre-trip check on your vehicle and ATV/UTV
- Check your PPE at the start of each shift
- Conduct a pre-shift safety check on your machine
- Do not engage in any behaviour, including horseplay that may endanger yourself or your co-workers
- Ensure that you have the training and qualifications for all tasks you are assigned
- Do not show up for work impaired by alcohol, drugs or other causes
- Report to your supervisor/Tenure holder any contravention of WorkSafeBC regulations
- Understand the right to refuse unsafe work. If unsafe conditions are encountered, contact your supervisor immediately
- Report all newly encountered hazards, unsafe conditions, (or acts of others), and close calls to your supervisor as soon as practicable
- _____
- _____
- _____

Drug and Alcohol Policy

The following is the drug and alcohol policy:

- Employees reporting to work or found working under the influence of intoxicating substances will be immediately removed from their job
- Possessing, using or being under the influence of intoxicants or narcotics on company property may lead to immediate dismissal
- Workers and supervisors are encouraged to report any substances abuse problems that are observed in other forest workers, whether it is on or off the job
- Tenure workers are responsible for informing their supervisor if they are required to take prescription medication that may affect their job performance
- _____
- _____

Discipline Policy

Each Tenure employee is expected to conduct themselves in a manner which conforms to generally accepted standards of workplace behaviour and conduct.

If discipline is warranted, a system of progressive steps will be applied, with the expectation that the employees' performance, behaviour or conduct will change to acceptable standards in the early stages of the process.

Should there be a serious infraction; the Tenure retains the right to bypass the progressive discipline steps and apply an appropriate disciplinary sanction, up to and including termination.

Progressive Discipline

Step 1 – *Verbal Warning*

Specific actions needed to correct the problem and a time frame will be given by the supervisor. The Tenure Holder/Supervisor will maintain his own record of the points of discussion.

Step 2 – *Documented Warning* and Letter of Reprimand

In the case of subsequent violations, specific actions will be needed to correct the problem within a specific time frame and will be reviewed when completed. Defined consequences for failed compliance will be discussed and documented in a letter to the employee. A copy will be retained by the employer.

Step 3 – *Discharge*

This action will be taken if all previous attempts to help an employee conform to acceptable standards fail or if the infraction is of such a magnitude that discharge is the required response.

The information will be documented in a letter which will be retained by the employer/manager. The termination date will be immediate.

Serious Infractions

Some infractions are of such a serious nature that a single incident may be grounds for immediate discharge. Examples are:

- Falsification of employment applications, production reports, timesheets or other records.
- Possessing, using or being under the influence of intoxicants or narcotics on the job.
- Theft of company property.
- Deliberately causing damage to employee, company or contractor property.
- Engaging in conduct that endangers fellow employees.
- Gross insubordination.
- Major safety violations.

Personal Protective Equipment (PPE) Policy

An employee is responsible for providing:

- ☐ clothing needed for protection against the natural elements,
- ☐ general purpose work gloves and appropriate footwear including safety footwear, and
- ☐ safety headgear.

All employees when they are hired will be provided with the following additional required PPE, and instructed on its proper use and care:

- ☐ hi vis clothing
- ☐
- ☐
- ☐

Employees are responsible for keeping all PPE in good working condition and notifying their supervisor if any PPE no longer meets safe standards.

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 <http://www2.worksafebc.com/publications/OHSRegulation/Part8.asp>.

PPE	Requirements	Used in these situations
High-visibility clothing	<ul style="list-style-type: none">• The apparel must be a colour that contrasts with the environment.• Must have at least 775 sq. cm of fluorescent / retro-reflective trim on both the front and back.• Additional requirements apply if used for traffic control.	<ul style="list-style-type: none">• When worker is outside of a vehicle or machine, or office.
Head protection	<ul style="list-style-type: none">• High-visibility, side impact hardhat.• Cleaned regularly and stored away from grease and tools.• Must be free of cracks, dents or any other damage.• Chin straps must be used when workers are climbing, working from a height exceeding 3metres, or working in high winds.	<ul style="list-style-type: none">• 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.

PPE	Requirements	Used in these situations
Hearing protection OHSR Part 7 Noise, Vibration, Radiation and Temperature	<ul style="list-style-type: none"> • WorkSafeBC's noise exposure limits are: <ul style="list-style-type: none"> ○ 85 dBA Lex daily noise exposure level ○ 140 dBA peak sound level 	<ul style="list-style-type: none"> • If those levels cannot be practicably met, the employer must: <ul style="list-style-type: none"> ○ Reduce levels as low as possible ○ Post warning signs regarding noise hazard areas ○ Provide to workers hearing protection that meets CSA standards, and ensure it is worn effectively in noise hazard areas.
Limb and body protection	<ul style="list-style-type: none"> • Must be stored in a dry area. • Must be free of holes and, in the case of hand protection, made of a material that provides a good grip. • Must be impermeable if used in refuelling. 	<ul style="list-style-type: none"> • 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.
Eye and face protection	<ul style="list-style-type: none"> • Safety eyewear must fit properly and include side shields when necessary for worker safety. 	<ul style="list-style-type: none"> • Safety eyewear must be worn when working in conditions that are likely to injure or irritate the eyes. • Face protectors must also be used if there is a risk of face injury.
Safety footwear CSA Z195 – Protective Footwear	<ul style="list-style-type: none"> • Workers must protect their feet from hazards by selecting and correctly using protective footwear certified by CSA Group. 	<ul style="list-style-type: none"> • 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. • Toe and metatarsal protection, puncture resistance, and/or dielectric protection must be used where appropriate. • Caulked or other equally effective footwear must be worn by workers who are required to walk on logs, piles, pilings or other round timbers.

I have read the PPE policy of my company. By signing this form, I agree to use the appropriate PPE in the situations described above, and report any deficiencies in my PPE to my supervisor. I understand that specific PPE requirements are included in our company safe work procedures however additional PPE may be required based on a job task, client requirements or as determined from onsite hazard identification.

(Supervisor name: _____)

Employee Name: _____

Date: _____

Signature: _____

Management of Forest Workers

Effective planning, training, supervision, assessment and management of forest workers will ensure that road building, harvesting, silviculture and other related forestry operations occur efficiently and safely. Management of Forest Workers includes:

- **Orientation of New or Returning Workers (Form 2)** – Before commencing work, new or returning forest workers who have been away from the job for more than 6 weeks shall be oriented using Form 1 to ensure that they understand the Tenure policies, safe work procedures and safety policies.
- **Worker Assessment (Form 1)** – To ensure that workers are competent, working safely and understand their duties. Worker assessments are completed on Form 1, assessment checklist. Assessments of forest workers and Independent Owner Operator contractors will be completed at least once during the duration of an activity. More frequent assessments may be undertaken, depending on the risk of the activity and experience and competency of the worker and observations of worker behaviour are made in the supervisor's journal.
- **Observations of Worker Behaviour (Form 2 or Journal)** – Supervisor and/or the Tenure Holder are encouraged to use a daily journal to record worker behaviour. The worker assessment form (Form 2) can be used, but use of a journal is encouraged for conveniently documenting all Tenure activities (e.g. maintenance issues, hazards, site prescriptions, etc.) and can be included as part of the safety documentation.

Training and Certification – Form 3

The Tenure Holder (or the Prime Contractor if one has been duly assigned) is responsible to ensure people working on the tenure area are properly trained and supervised so they can safely carry out the work they are assigned. To ensure that forest worker training and certification are kept up to date and relevant to operations conducted on the tenure area, a Training and Certification Log (Form 3) will be kept on file. Training requirements are summarized in Table 1.0 of Form 3.

FORMS

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Forestry Inspections and Assessments

Site inspections and assessments required on the tenure are:

- First Aid Assessment - Form 5, 6, 7 and 8
- Hazard assessment/Inspections for the Site, Office, Shop – Forms 4, 9 and 10
- 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.

Table 8.0 - Location and type (Level) of first aid kits for the Tenure License
(Tenure Holder to complete)

First Aid Kit Level	Location of First Aid Kit (e.g. Shop, office, truck, mobile equipment)

Site Inspections – Forest Site, Office and Shop - Forms 4, 9, 10 (For sites occupied for more than 30 days)

Due to changing topography, timber types, weather (e.g. high winds, fire hazard, poor visibility, snow, ice, saturated soils) and forest resource values (e.g. streams, wildlife, danger trees, unstable slopes,...etc.), hazards are continually changing; therefore, ongoing inspections are required to allow the company to identify and correct/ address issues before they result in injuries or losses to the Tenure Holder.

The Tenure Holder will complete site assessments for sites that are occupied for more than 30 days, which could also include the office and shop; otherwise, only a first aid assessment will be conducted as mentioned previously.

Mobile Equipment and Vehicle Inspections & Maintenance – Forms 11 and 12 (At the start of each work shift for mobile equipment and on a regular basis for vehicles)

Mobile Equipment (e.g. excavators, log trucks, skidder, etc.) - At the start of each work shift, mobile equipment operators will conduct a pre-shift check of their machines and document the inspection using Form 11. Any issues, required repairs or damage should be reported to the Tenure Holder or machine owner and documented on a Corrective Action Log (CAL).

Vehicles (e.g. pick-up truck, welding truck, utility vehicle, etc.) – Inspection of vehicles, which is generally a pick-up truck, should be done on a regular basis, depending on the amount of usage. Vehicle inspections should be performed daily before each trip and documented on Form 11 or in a journal or log book.

Light Mobile Equipment (e.g. ATV/UTV, snowmobiles, boats, etc.) – As per vehicles, inspections should be performed on a regular basis, depending on the amount of usage. Light mobile equipment inspections should be performed daily before each trip and documented on Form 11 or in a journal or log book.

Crew Transport – For crew vehicles that carry three or more workers including the driver, a pre-trip check of the vehicle must be completed using Form 11 and any deficiencies reported as mentioned previously.

Mobile Equipment, Vehicle and Light Mobile Equipment Maintenance - Each vehicle and mobile equipment will have their own log book (Form 12) where repairs and receipts are kept. A Corrective Action Log (CAL) could also be incorporated into a log book for this purpose.

Tenure Communications - Form 4

Communication procedures and plans are critical to safe, cost effective and efficient Tenure Operations. Good communications ensure that all supervisors and forest workers are informed about their job duties, safe work procedures, site characteristics, hazards and risks and work schedules. Communications can take various forms, either as maps, prescriptions and plans, meeting minutes, email notes, radio conversations and/or crew discussions.

Tenure communications include:

- **Pre-work Meetings (Form 4)** - A pre-work per operating month or the beginning of a new cut block is required.
- **Crew Safety or Tailgate Safety Meetings (Form 4)** - The Tenure Holder will hold safety meetings with all available forestry workers at least once a month or more depending on the scope and complexity of the operations (e.g. multiple cut blocks, units and prescriptions). If a forestry worker is unable to attend the meeting, a copy of the meeting minutes will be sent by email or provided as a paper copy. Attendance at all safety meetings will be recorded by the Tenure Holder with the worker signing their name on the safety meeting minutes record.

The Tenure Holder will ensure that the following critical topics are reviewed with the forest workers on a regular basis, but not necessarily at every meeting:

- Inspections (e.g. Sites by Tenure Holder, WorkSafeBC, Forest Service, etc.)
 - Assessments (e.g. First Aid, hazards, etc.)
 - Industry Alerts (e.g. Fatality alerts, Operational Alerts)
 - Close Calls (e.g. Reported by workers, Tenure Holder, contractors, other operators in area)
 - Incidents
- **Hazard Reporting - (Form 13)** - Any hazard identified by the Tenure Holder, workers, supervisor or contractors should be documented and be communicated to others working on the Tenure through daily tailgate meetings, safety meetings and pre-work meetings. The Corrective Action Log (CAL) can be used to assign and track the completion of correcting the hazard (e.g. filling in the hole in the road).

Tenure Incident Procedures

Incident Procedures

All incidents listed as well as close calls are to be reported to the Tenure Manager 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.

Tenure Emergency Response Plan

The Tenure License # _____ 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 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, 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 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 corral 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:

Hazardous Material	Provincial Emergency Program (PEP) Reportable Spill Level (to water or land)
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:

Call / radio 1st Aid Attendant to the scene.

Ensure site is safe, then stabilize patient (provide first-aid), transport to hospital, if necessary. The 1st Aid Attendant does not have the authority to overrule a workers' decision to seek medical attention.

Advise office and hospital when you are on route.

If accident is the result of a motor vehicle accident, advise the RCMP.

SERIOUS INJURY ERP

Ensure site is safe, then stabilize (provide first-aid) and/or prepare patient for transport

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);

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.

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.

If evacuating by road provide the route to be travelled to the communication center

Radio frequencies: _____

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.

Stay in contact to relay additional information. If you cannot contact office using phone services or radio, try contacting any individual with radio or telephone access to relay the emergency to Office or Ambulance.

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 1 – Safety Orientation Checklist

All employees and dependent contractors operating under the tenure 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**. Recommended that the Supervisor review this material with the employee.

Employee Name: _____ Date: _____

Tenure # _____

Tenure Policies	
<input type="checkbox"/> Forest Safety Accord	<input type="checkbox"/> Tenure Health & Safety Policy
<input type="checkbox"/> Name of Supervisor	<input type="checkbox"/> Job Roles and Responsibilities

Review of Safety Policies and Procedures	
<input type="checkbox"/> PPE policy and requirements	<input type="checkbox"/> Right to refuse unsafe work
<input type="checkbox"/> First Aid procedures and facilities, equipment and personnel	<input type="checkbox"/> Check-in procedures for working alone or in isolation
<input type="checkbox"/> Hazard / close-call / incident reporting requirements and procedures	<input type="checkbox"/> WHMIS orientation and location of the Material Safety Data Sheets (MSDS)
<input type="checkbox"/> Required safety / inspection checklists	<input type="checkbox"/> Injury management program (If Tenure has such a program)
<input type="checkbox"/> Required attendance at safety meetings	<input type="checkbox"/> Progressive discipline policy
<input type="checkbox"/> Emergency Response Plan (ERP), along with emergency procedures and contact numbers	<input type="checkbox"/> 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 2 – Orientation of Young or New Workers Checklist with Follow Up Assessment

All young or new workers will be given an orientation which must include the following topics **before they begin work in a workplace.**

Employee Name: _____ Date: _____

Supervisor Name: _____ and contact information: _____

Worker Safety rep name and contact information _____
(workplace >10 people) _____

Worker Safety Committee member name and _____
contact information (workplace >19 people) _____

Review Checklist From Regulation			
<input type="checkbox"/>	Company Health & Safety Program	<input type="checkbox"/>	Injury Management Program
<input type="checkbox"/>	Employer's and worker's rights and responsibilities under the <i>Workers Compensation Act</i> and WorkSafeBC Regulation <ul style="list-style-type: none"> Reporting of unsafe conditions Right to refuse unsafe work 	<input type="checkbox"/>	WHMIS 1998/2015 policy Controlled/hazardous product inventory is located: MSDS/SDS location: _____ There are four basic issues for each product: <ol style="list-style-type: none"> How can this product hurt me? How do I protect myself? What should I do in an emergency? Where do I get more information?
<input type="checkbox"/>	Workplace health and safety rules.	<input type="checkbox"/>	Hazards including risks from robbery, assault or confrontation Hazards (List top 3 as determined by risk assessment): <ol style="list-style-type: none"> _____ _____ _____ Review process to eliminate hazard, control hazard and/or protect worker(s).
<input type="checkbox"/>	Location of first aid facilities and means of summoning first aid and reporting illnesses and injuries		
<input type="checkbox"/>	Emergency procedures <ul style="list-style-type: none"> Contact numbers 		
<input type="checkbox"/>	Working alone or in isolation		
<input type="checkbox"/>	Violence and harassment in the workplace		
<input type="checkbox"/>	Personal protective equipment		
<input type="checkbox"/>	Instruction and demonstration of the young or new worker's work task or work process	To be completed by(name): _____ By when: _____	

Signature of Employee

Signature of Supervisor / Trainer

Additional Company Items Checklist			
<input type="checkbox"/>	Pre-use checklists for vehicles and equipment	<input type="checkbox"/>	Attending meetings
<input type="checkbox"/>	Discipline policy	<input type="checkbox"/>	Certificates checked (list certifications) First aid
<input type="checkbox"/>	Deposit information collected		Driver's licence
<input type="checkbox"/>	Uniform issued	<input type="checkbox"/>	Union card

Note: Additional orientation requirement under the WorkSafeBC Regulation is to include: "The employer's health and safety program, if required under section 3.1 of this Regulation." This refers to a formal program required for employers with a workforce of 20 or more persons.

Follow Up Assessment

Worker's Name: _____

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Activity being assessed: _____

Date: _____

Task	Check if Safe	Include comments both positive and when improvement is needed.

Signature of Supervisor

Signature of Worker

Activity being assessed: _____		
Date: _____		
Task	Check if Safe	Include comments both positive and when improvement is needed.

 Signature of Supervisor

 Signature of Worker

Activity being assessed: _____		
Date: _____		
Task	Check if Safe	Include comments both positive and when improvement is needed.

 Signature of Supervisor

 Signature of Worker

Activity being assessed: _____		
Date: _____		
Task	Check if Safe	Include comments both positive and when improvement is needed.

 Signature of Supervisor

 Signature of Worker

Follow Up Required				
What	Why	When	Who	Confirmed as completed by:

Form 3 – Training and Certification Log

Certificate Type	Certificate # or N/A	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)			
S-100 (Fire Suppression and Safety Training)			
S-100-A (Refresher)			
Faller Certification			
Falling Supervisor Training			
Chainsaw Training			
Blasting Ticket			
Professional / Technical Designation			
SEBASE- ISEBASE Training			
SAFE Certification			
ATV/UTV			
Resource Road Driving			
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.

Tenure#: _____ Name: _____ Date: _____

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)

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:								
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 5 – Tenure First Aid Assessment Worksheet for Timber Harvesting - For Tenure with surface travel time to hospital OVER 20 minutes

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

Tenure # _____ Location _____

2(a) Hazard rating on Assigned Hazard Rating List	<i>Logging = HIGH</i>
(b) Job functions, work processes and tools:	<i>Mechanical logging; or name other method:</i>
(c) Types of injuries that potentially occur:	<i>Slips, trips, falls, cuts, bruises, sprains, broken bones</i>
(27) Rating adjustment: if adjusted provide documentation; otherwise <i>HIGH</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 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 – Tenure First Aid Assessment Worksheet for Timber Harvesting - For Tenure with surface travel time to hospital UNDER 20 minutes

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

Tenure # _____ Location _____

2(a) Hazard rating on Assigned Hazard Rating List	<i>Logging = HIGH</i>
(b) Job functions, work processes and tools:	<i>Mechanical logging; or name other method:</i>
(c) Types of injuries that potentially occur:	<i>Slips, trips, falls, cuts, bruises, sprains, broken bones</i>
(27) Rating adjustment: if adjusted provide documentation; otherwise <i>HIGH</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: None; <i>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 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 6):	_____
Number and Level of first aid attendants (from Column 3 Table 6):	_____
Transportation needs (from Column 4 Table 6):	_____

Date: _____ 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>
(27) 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>
(27) 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_ (describe)</i>

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 6):	_____
Certificate Level of first aid attendant (From Col. 3 Table 6):	_____
Transportation needs (From Col. 4 Table 6):	_____

Date: _____ Name: _____ Signature: _____

Form 9 – Office Inspection

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

Tenure #: _____

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 labelled 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 – Shop Inspection

Inspection to be completed monthly by shop manager or tenure holder. Corrective actions will be completed by due dates.

Tenure #: _____ 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 hand tools esp. grinders			
Guards on compressor belts and other stationary shop tools			
Cylinders secured to walls or otherwise			
Capacity ratings on all lifts, hoists, jack stands			
Lifting straps undamaged			
Lifting chain rating tags attached and chains in good condition			
Lighting adequate			
Electrical panel labelled 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 – 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											
Check off if all items ok											
Repairs or service				Date	Km	Details					

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)			Woodlot#		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 / Fire	<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 one only)		<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 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)			<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	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	<input type="checkbox"/>	4

Cause Analysis

Primary Type of Incident (select one)		
<input type="checkbox"/> Struck against (running, bumping into)	<input type="checkbox"/> Contact with (electricity, heat, cold, radiation, caustics, toxics, biological, noise)	<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 level	<input type="checkbox"/> Caught between / under (crushed or amputated)	<input type="checkbox"/> Non-specific
<input type="checkbox"/> Fall from same level (slips & fall, trip over)	<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"> • Including them at safety meetings. • Subjecting them to company's supervision. • Including them in assessments and inspections. <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 licensee/owner 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?				

		Yes	No	NA	Comment/Answer
17.	Are safety meeting minutes present on site? (review docs)				
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/Supervisor 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 <ul style="list-style-type: none"> • 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 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 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;
- (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: _____

Prime Contractor: _____

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Form 20 – Prime Contractor Pre-Work

Prime Contractor representative and Tenure Holder/owner or Tenure Manager/Supervisor 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">All incidents/accidents investigations.
<input type="checkbox"/>	<ul style="list-style-type: none">Regulatory citations/inspections/audits.
<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. i.e.: 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: _____

Form 22 – 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

Tenure #: _____ Date: _____

Falling Supervisor's Name:	
Company name if contractor:	
WorkSafeBC clearance letter attached if contractor:	
Faller Certificate Number:	
Faller Certificate status confirmed with Administrator:	
Detailed work history (and training) as a falling supervisor attached:	
Dates employed:	
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 23 – Faller’s Information Record

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

Tenure #: _____ Date: _____

Faller’s Name:	
Company name if contractor:	
WorkSafeBC clearance letter attached if contractor:	
Faller Certificate (Card) Number:	
Valid until (from card):	
Dates employed:	

Form 24 – 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).

Tenure #: _____

Instructions / Conditions to Check:			
1. Did you identify hazards en route to site? <input type="checkbox"/> (list hazards)			
2. Did you check for immediate worksite hazards, such as?			
<input type="checkbox"/>	Stacking of fallers	<input type="checkbox"/>	Other workers in area
<input type="checkbox"/>	Lack of qualified assistance	<input type="checkbox"/>	Equipment in area
<input type="checkbox"/>	Inadequate first aid coverage	<input type="checkbox"/>	Equipment within 2 tree-lengths
<input type="checkbox"/>	Power lines, Cables, Pipes	<input type="checkbox"/>	Fallers working too close
<input type="checkbox"/>	Public Access (road, trail, etc.)	<input type="checkbox"/>	Fallers working in isolation
3. When you walked thru through the falling area what hazards were recognized and evaluated? <input type="checkbox"/> (list hazards)			
4. Have any danger-trees been identified and marked by you, in and outside of the falling block? <input type="checkbox"/> Yes <input type="checkbox"/> No Are locations of these danger-trees identified on map) and referenced by falling corner? <input type="checkbox"/> Yes <input type="checkbox"/> No (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).			
5. Did you check for overhead hazards, such as?			
<input type="checkbox"/>	Brushed trees	<input type="checkbox"/>	Hung up limbs
<input type="checkbox"/>	Limb-tied trees	<input type="checkbox"/>	Embedded rock from blasting
<input type="checkbox"/>	Loose rocks/debris on slope above	<input type="checkbox"/>	Snow/ice falling
<input type="checkbox"/>	Roadside debris (if working below)	<input type="checkbox"/>	Broken/cracked/dead tops
<input type="checkbox"/>	Leaning trees (uphill)	<input type="checkbox"/>	Snag Tops

6. Did you check for ground hazards, such as?			
Instructions / Conditions to Check:			
<input type="checkbox"/> Pulled up roots	<input type="checkbox"/> Holes	<input type="checkbox"/> Blowdown	<input type="checkbox"/> Rocky outcrops
<input type="checkbox"/> Stumps	<input type="checkbox"/> Slope & terrain	<input type="checkbox"/> Branches	<input type="checkbox"/> Blast rock
		<input type="checkbox"/> Snow	<input type="checkbox"/> Root wads
7. Other hazards: Have they been identified, such as?			
<input type="checkbox"/>	Different tree species issues	<input type="checkbox"/>	Insects, beetles
<input type="checkbox"/>	Machine damage		
<input type="checkbox"/>	Fire impacted	<input type="checkbox"/>	Weather-related issues (blowdown, wind, rain, snow, fog)
8. Have any certain specific hazards been identified during your assessment that requires special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(e.g. - qualified assistance, blasting, machine assist or other alternative means)</small> Has the Hazard Report Form Corrective Action Log (CAL) been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

	Name	Signature	Date
Faller:			
Faller:			
Faller:			
Falling Supervisor:			
Site Supervisor:			

Form 24 – Part 2 Fallers Work Plan & Initial Safety Meeting Form
(OH&S Regulation 3.16 to 3.18, 4.13 to 4.14, 4.20.2, 26.5, 26.28)

DATE: _____

1. Site Detail	GPS Coordinates:	Lat:	Long:
Block name: Road name: Site name:			Licensee: Prime:
2. Crew Detail			
Supervisor (bull-bucker):		Name:	Signature:
Alternate supervisor:			
Location of other crews and equipment in area:			
<input type="checkbox"/> PPE appropriate for the job, weather <input type="checkbox"/> Tools appropriate for the job			
3. Communication Procedures			
Man check system: <input type="checkbox"/> radio <input type="checkbox"/> sight <input type="checkbox"/> sound			
Radio check-in/check-out <input type="checkbox"/> 30 minutes <input type="checkbox"/> 1 hour <input type="checkbox"/> other:			
Faller's Radio frequencies & channel:		Active block:	Road frequency:
Safe working distance: <input type="checkbox"/> other workers <input type="checkbox"/> machines <input type="checkbox"/> helicopters <input type="checkbox"/> power lines <input type="checkbox"/> roads <input type="checkbox"/> other:			
4. Current Map			
Harvesting commitments attached		<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:
Sensitive areas (wetlands)		<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:
Creeks/RMA requirements		<input type="checkbox"/> YES <input type="checkbox"/> NO	NOTES:
Boundaries/Flagging tape colour system: <input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> ORANGE <input type="checkbox"/> BLUE			
5. Hazardous Weather Conditions			
<input type="checkbox"/> wind <input type="checkbox"/> rainfall <input type="checkbox"/> snow <input type="checkbox"/> fog <input type="checkbox"/> slope stability <input type="checkbox"/> avalanche <input type="checkbox"/> other:			
6. Safety Concerns			
Site-specific safe work procedures:			
7. First Aid Coverage			
<input type="checkbox"/> Emergency Response plan reviewed			
8. Special Procedures			
<input type="checkbox"/> fall away/yard away		<input type="checkbox"/> variable retention	
<input type="checkbox"/> dangerous tree		<input type="checkbox"/> blasting	
<input type="checkbox"/> leave trees		<input type="checkbox"/> jacking	
<input type="checkbox"/> no work zones		<input type="checkbox"/> line pull	
<input type="checkbox"/> wildlife tree patches		<input type="checkbox"/> machine-assisted	
9. Falling Method			
<input type="checkbox"/> hand falling		<input type="checkbox"/> mechanized falling	
10. Yarding & Loading Method			
<input type="checkbox"/> skyline		<input type="checkbox"/> chokers & grapple	

<input type="checkbox"/> conventional	<input type="checkbox"/> ground skidding
<input type="checkbox"/> grapple yarding	<input type="checkbox"/> landing locations
<input type="checkbox"/> hoe chucking	<input type="checkbox"/> roadside
<input type="checkbox"/> heavy lift helicopters	<input type="checkbox"/> bucking prescription
Location & Type of Equipment	
11. Traffic Control	
<input type="checkbox"/> logging road	<input type="checkbox"/> public road <input type="checkbox"/> public access via trails
Location of traffic control systems:	
<input type="checkbox"/> flagger in place	
<input type="checkbox"/> signage	
<input type="checkbox"/> radio control access	
<input type="checkbox"/> other:	
12. Environmental Management Systems	
<input type="checkbox"/> Discuss spill plans	Location of spill equipment:

Safety Meeting Attendees:				
Date	Supervisor Initial:	Attendees:		

Notes:

Form 25 – Falling & Bucking Supervisor’s Checklist

Faller:	Falling Supervisor:	Company:				Licensee:	Prime:
Location:	Block/Site:	Nearest Town:				Weather:	Date:
OBSERVATIONS Circle all applicable		A	U	NA	P	Comments	
Faller Certification Card / Certified Falling Supervisor Card / Blasting Ticket							
Faller’s logbook							
Valid driver’s license/other tickets							
Falling Supervisor is appropriately dressed (<i>PPE</i>)							
Crew names and locations listed							
Working block maps / continually updated							
Safety alerts reviewed/posted							
Initial Safety Meeting completed and signed							
Daily Falling Plan - reviewed and signed							
Changes to Work Place Form							
Site specific ERP in place							
High Risk Violations Reviewed and signed							
Falling Site Hazard Assessment							
Hazard Report Form / Corrective Action Log							
Incident/Close Call Form							
First Aid Site Assessment							
Onsite First Aid meets requirements							
ETV: tested / strategically placed / fully equipped							
Notice of Project at work site							
Pre-work with Client form							
Supervisor Transfer of Responsibility Form							
Documented Vehicle Inspection							
WSBC Regulations onsite							

OBSERVATIONS Circle all applicable	A	U	NA	P	Comments
BC Faller Training Standard Info-Flips onsite					
Fallers have block maps					
Personal ERP's for fallers					
Man check procedures audio/visual/radio					
Supervisor pre walks site and identifies hazards					
Firefighting procedures and equipment					
Appropriate signage/gating in place					
Cummy / crew boat / helicopter / plane					
JSB / SWP reviewed with fallers and signed					
Truck parked in safe location facing exit					
First aid kit and fire extinguisher in vehicle					
Faller inspections completed at intervals appropriate to the risk					
Evaluates fallers based on the BC Faller Training Standard					
Access/Egress trails established & marked					
Visitor Orientation Guidelines and Sign Off					
Qualified assistance readily available					
Alternate falling means available blasting / machine assist / Jacking					
New hires monitored /evaluated to BCFTS					
Trainees monitored /evaluated					
Safety meetings held appropriate to the risk					
ERP tested / evacuation drills					

Supervisor Name: _____ Supervisor Signature: _____

Form 26 – Faller Checklist

Faller:	Supervisor:	Block/Site:	Date:
Nearest Town:	Ground conditions:		Timber Type/ Avg. Dia.
	Weather:		
Company:	Licensee:		Prime:

PRE-WORK OBSERVATIONS	A	U	P	Comments
Faller's Log Book				
Hard hat / muffs / screen				
Caulk boots				
Gloves				
Whistle / two-way radio / headset				
Hi-Vis apparel meets minimum standard				
Leg protection (*3600 minimum)				
Personal 1 st aid kit / pressure dressing				
Pinned axe/appropriate for timber type				
Spare saw / bar / chain / axe are readily available				
Minimum 3 wedges available				
Chain brake / trigger lock / chain catcher in place and functioning				
Chainsaw(s) in good working order				
Appropriate signage / gating in place				
Faller has signed off on block plan / daily falling plan				
Faller can explain and demonstrate man check procedures				
Mental and physical well being				
Has qualified assistance available				
Knowledge of ERP and how to initiate it				
Knows location of 1 st aid attendant and ETV				
Can describe key points from the initial safety meeting				
Aware of weather related shutdown criteria				

FIELD OBSERVATIONS	A	U	P	Comments
Lifting muffs between cuts and listening for partner				
Alternate falling means available blasting / machine assist / jacking				
Faller does a site assessment. Assesses and removes all hazards as needed				
Escape routes established and used				
Proper saw handling techniques body position / thumb / two hands on saw				
Back-barring limited to saplings and stump whiskers				
Axe at base of tree / wedges palmed and set as soon as possible				
Uses proper wedging procedures & techniques				
Maintains directional control of tree(s)				
Uses saw sightlines				
Looks up during undercut / back-cut				
Falls tree(s) from the safe side of the tree				
Avoids brushing timber where possible				
Describes proper hazard tree assessment and procedures				
Falls hazard trees progressively into an adequate opening				
Describes / demonstrates pushing trees/limb tied procedures				
Describes / demonstrates upslope falling procedures				
Describes / demonstrates heavy leaner procedures				
Describes / demonstrates re-falling cut up tree procedures				
Describes / demonstrates short stubby hazards and procedures				
Describes bucking hazards				
Demonstrates proper bucking cuts				
Demonstrates proper limbing and tapping procedures				

Demonstrate Falling Cuts – Stump Evaluation

Stump #	Tree Species	Ground Slope %	Dia. inches	B/C inches	U/C inches	U/C depth %	U/C type	U/C Opening	Back-step Low side inches	Back-step Low side inches	Score A or U
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Stump #	Comments
Descriptor (QS/T to indicate description of each tree felled) W=Wedged NW=Not-Wedged SS=Short Stubby HL=Heavy Leaner LT=Limb Tied US=Up-Slope Falling DT=Dangerous Tree	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Faller's Name: _____ Faller's Signature: _____

Supervisor Name: _____ Supervisor Signature: _____

Form 27 – 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

(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Face Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stump Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bucking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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 Felling supervisors for forestry operations

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

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

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

(b) inspect the workplace of each feller 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.]

DESIGNATED HIGH RISK VIOLATIONS: HAND FALLING OR BUCKING



HIGH RISK VIOLATION #1

OHS Regulation 26.24(2)

Failing to prepare a safe escape route before falling or bucking begins.



HIGH RISK VIOLATION #2

OHS Regulation 26.24(7)

Failing to move to a predetermined position, at least 3m (10 feet) away from the base of the tree where possible, and take cover, when the tree starts to fall.



HIGH RISK VIOLATION #3

OHS Regulation 26.24(5)

Failing to use the following proper falling procedures:

- Sufficient undercut
- Undercut must be complete and cleaned out
- Sufficient holding wood
- Backcut must be higher than undercut to provide step on the stump
- Wedging tools must be immediately available and unless the tree has pronounced favorable lean, wedges must be set.



HIGH RISK VIOLATION #4

OHS Regulation 26.26(4)

Failing to fall dangerous trees before performing work in the area made hazardous by the dangerous tree.



HIGH RISK VIOLATION #5

OHS Regulation 26.24(6)

Using a tree to cause another partially cut tree to fall in succession, except to overcome a specific falling difficulty and done in accordance with the Regulation.



HIGH RISK VIOLATION #6

OHS Regulation 26.25

Leaving partially cut trees, unless done in accordance with the Regulation.



HIGH RISK VIOLATION #7

OHS Regulation 26.24(5.1)

Brushing of standing trees where brushing can be avoided.

Section 26.23(1) of the Regulation states, in part:

"brushing" means the striking of a standing tree by a tree being felled if the strike is a direct blow or a glancing blow of sufficient force to cause one or more branches to break at or near the stem of the standing tree



HIGH RISK VIOLATION #8

OHS Regulation 26.24(1)

Working within two tree lengths of a tree being felled.

Signatures acknowledge review of the **Designated High Risk Violations**.

Supervisor's Signature:	Faller/Participant Signature:	Date:

TRAINING REQUIREMENTS

Table 1.0 - Training Requirements

Space has been provided for any additional training and certification requirements (e.g. blasting ticket, scaling, Small Craft, etc.).

Training Requirement	Supervising employees and/or conducting some activities – no contractors
Tenure safety program policies and procedures and rules	Reviewed with contractor and employees during orientation
S-100 Fire with annual refresher	Yes – if working in fire season
WHMIS	Yes
TDG (Transport of Dangerous Goods)	Yes if moving over 2000 litres of fuel
Wildlife/Danger Tree Assessor (if assessments required)	Assessing for wildlife and/or danger trees and could be supervising. Generally, a supervisor or senior forest worker.
Class 5 drivers licence	If driving pickup
Class 1 drivers licence with air brake endorsement	If driving logging truck and commercial vehicle over 5500kg
Certified Faller	If hand falling
Falling Supervisor	If supervising hand fallers and not employing a certified bull buckler or falling supervisor
Level 1 first aid with transportation endorsement	May be required by first aid assessment BUT highly recommended as a minimum in any forest harvesting operation
Small Employer I/SEBASE/BASE OH&S Training	Mandatory if Tenure holder intends to become SAFE Certified
Supervisory training	Recommended
Investigation training	Recommended
Forest and Engineering Professionals	Required where the practices of professional forestry and engineering may occur (e.g. prescriptions)

Tenure Operations Supervision

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

Table 2.0 - Supervisor Qualifications

Supervisor'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 Technologist, 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

Contractor Qualification	Requirement
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 Tenure Safety Meetings.
- Pre-work orientations and meetings.
- Tenure 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 Tenure 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 see http://bcforestsafes.org/files/tr_pdfs/rpkg_prm_cnt.pdf: 21 pages.

SAFE WORK PROCEDURES

(The purpose of these safe work procedures is to reduce the risk to health and safety in the workplace and reduce the likelihood of an injury by ensuring that employees know how to work safely when carrying out the tasks involved in their jobs.)

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.bcforestsafes.org/resource/audit-submission-support-swps/

Safe Work Procedures	Page
Safe Work Procedure – ATV/UTV Use	84
Safe Work Procedure – Driving on Resource Roads	85
Safe Work Procedure – Forestry General Field Work	87
Safe Work Procedure – Pile Burning	88
Safe Work Procedure – Small Trailer Towing	89
Safe Work Procedure – Snowmobile	90
Safe Work Procedure – Wildlife Encounters (for fieldwork)	91
Safe Work Procedure – Working Alone or In Isolation and Checklist	95
Safe Work Procedure – Hand Falling and Bucking	97

Safe Work Procedure – ATV/UTV Use

PERSONAL PROTECTIVE EQUIPMENT: Helmet
 Eye protection
 Gloves
 Seasonally suitable clothing
 Appropriate footwear

PROCEDURES FOR LOADING AND UNLOADING

- Load at a purpose built stationary ramp or use a dirt berm.
- If using portable ramps secure ramps to truck using tie down straps.
- Once loaded secure ATV/UTV fore and aft using proper straps.

DRIVING PROCEDURES

- Do a pre-trip check of machine- brakes, throttle, steering linkage, sufficient fuel, mix oil.
- Check for spares – spark plug, and tools.
- Travel plan left with another person?
- Spot device activated?
- Only one passenger except if machine designed for 2.
- Never carry passengers on fore or aft racks.
- Drive at safe speeds according to conditions.
- When braking use both brakes together.
- Gear down (for standard engine) for hill decent.
- Reduce speed for ditches, berms, and obstacle climbing.
- Lean into turns; lean into hills.
- Keep your feet on the pegs at all times-Do not use your feet to control the ATV/UTV.
- If riding on pavement shift out of 4 wheel drive; and use extra caution.
- Be alert for branches and overhead hazards.
- Do not operate an ATV/UTV if it is mechanically defective.
- Conduct a post trip check and have deficiencies rectified.

ADDITIONAL SWP NOTES

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 as required by SMS.
- 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 80km/h 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 favourable 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 for manual transmissions 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]

Safe Work Procedure – Forestry General Field Work

PERSONAL PROTECTIVE EQUIPMENT:

Sturdy appropriate footwear providing ankle support and traction on logs etc.

Clothing suitable for rain, cold, sun

Compass, GPS unit or other device for locational purposes

Bear spray if appropriate for work area

Hand held radio or other communications device (not required for multi-person crews)

Hi-vis vest and hardhat if required for worksite

PROCEDURES

- File travel plan with contact person.
- Arrange man check intervals/times.
- Confirm road conditions.
- Dress for weather conditions.
- Confirm PPE for worksite.
- Confirm map.
- Confirm ERP.
- Follow Driving Safe Work Procedure.

ADDITIONAL SWP NOTES

Safe Work Procedure – Pile Burning

PERSONAL PROTECTIVE EQUIPMENT:

Sturdy appropriate footwear

High visibility clothing

Hardhat of a contrasting color

Gloves suitable for the type of light up fuel being used

PROCEDURES:

- Prior to considering burning:
 - Prepare slash for a clean hot burn by allowing slash to cure over a summer.
 - Pick a light up day after a light snow.

- Prior to light up:
 - Establish light up/burn plan with your co-workers.
 - Park vehicles in a safe location.
 - Establish and discuss an emergency response plan including evacuation marshalling points.
 - Establish check in intervals and check radio function.
 - Confirm venting index.
 - Mix fuels in a safe location- NO SMOKING!
 - Check torches are safe to use-i.e. no parts are missing.

- Light up
 - Follow your plan- if necessary to deviate confirm with burn leader.
 - If necessary to refuel torch notify team leader.
 - Cease light up if fire is spreading into slash/timber.
 - Cease burning if you spill any light up fuel on yourself.
 - Monitor burning rate and adjust light up rate.

ADDITIONAL SWP NOTES

Safe Work Procedure – Small Trailer Towing

CONDUCT PRE-TRIP INSPECTION OF:

Hitch	
Tires—condition and pressure	
Signal lights	
Tail lights	
Brake lights	
Braking system function	
Safety chains & hooks	
Tie downs	
Licence and registration	
Tie down points	
Deck	

- Verify load is under trailer GVW.
- Verify that towing vehicle has correct towing capacity for loaded trailer.
- Once hitched, verify function of lights and brakes.
- Travel 500 m or less and re-check hitch.
- Drive according to road conditions and obey posted signage.
- If trailer begins to fishtail back off speed.
- Conduct post trip inspection and rectify deficiencies prior to next trip.

ADDITIONAL SWP NOTES

Safe Work Procedure – Snowmobile

PERSONAL PROTECTIVE EQUIPMENT:	Helmet
	Eye protection
	Gloves
	Cold weather clothing (Speed=frostbite)
	Suitable winter boots

PROCEDURES FOR LOADING AND UNLOADING

- Load at a purpose built stationary ramp or use a snow or dirt berm.
- If using portable ramps secure ramps to truck using tie down straps.
- Once loaded secure snowmobile fore and aft using proper straps.

DRIVING

- Do a pre-trip check of machine- brakes, throttle, steering linkage, sufficient fuel, mix oil.
- Check for spares –plug, drive belt and tools.
- Check survival kit –snowshoes to walk home; tarp; axe; matches.
- Travel plan left with another person?
- Spot device activated? (where required by SMS)
- Driver is responsible for passenger.
- Drive at safe speeds.
- Reduce speed for ditches, berms, and obstacle climbing.
- Lean into turns; lean into hills.
- Keep your feet on the running boards at all times. Do not use your feet to control the machine.
- Be alert for branches and overhead hazards.
- Don't drive into unknown situations (you could be stuck until spring).
- Do not operate the snowmobile if it is mechanically defective.
- Conduct a post trip check and have deficiencies rectified.

ADDITIONAL SWP NOTES

Safe Work Procedure – Wildlife Encounters (for fieldwork)

BEARS

PERSONAL PROTECTIVE EQUIPMENT: Bear spray
Bear bells
Fox 40 whistle

BEARS BASIC PROCEDURE

- Bears are unpredictable.
- Make lots of noise when working/walking: talk, sing, wear bells.
- Stay alert and be aware of your surroundings look for fresh bear droppings, or recently dug up areas.
- Look out for kills that bears will defend: use your sense of smell-rotten meat or fish; watch for birds circling. Bears are very aggressive when defending kill sites.
- If you encounter a kill – back away.
- Take your garbage with you.
- Carry bear spray – aim at mouth or nose.

BEAR ENCOUNTER

- Try not to over-react-is it a black or a grizzly?
- If you're planning to climb a tree remember black bears can climb trees and grizzlies can climb short distances.
- If it hasn't noticed you back away quietly the way you came. Stay downwind if you can.
- If it has noticed you but doesn't move towards you move quietly upwind so it catches your scent. Don't run. Look big by waving your arms slowly. Speak in a calm firm voice. Don't act like prey. Bears stand on their back legs when trying to catch a scent. Bears can't see well so you can pretend to be big.
- **If it approaches you or charges stand your ground:** bears will often bluff a charge and suddenly back or veer off. Bears will try to scare you by huffing, snorting, panting, hissing, growling, and jaw popping. They will lower their heads and put their ears back. Females can be defending their young and any bear can be defending a kill.

- **If the bear attacks you because it sees you as a threat** (when feeding, protecting its young or because you have surprised it): –
 - Use bear spray and aim at mouth or nose.
 - If it makes contact with you:
 - ◆ Play dead, and
 - ◆ Lie flat on the ground face down, hands clasped behind your neck, and legs spread. (This provides you some protection and makes you harder to flip over.)
 - ◆ Keep your coat, packsack, cruisers vest on it may afford some degree of protection.
 - ◆ Remain in this position for several minutes even if you think that the bear has gone away.
- **If the bear attack continues and goes from defensive to predatory** or the bear's behaviour shows it clearly regards you as prey:
 - Don't play dead
 - Fight back by:
 - ◆ Use bear spray and aim at mouth or nose.
 - ◆ Act aggressively.
 - ◆ Defend yourself with whatever is available a stick, an axe (aim for the nose).
 - ◆ Try to act dominant.
 - ◆ Shout, blow your whistle, jump up and down, wave your arms, wave your vest or coat.

After an attack, remain patient. After a few minutes try to determine if the bear is still in the area.

COUGARS

- In cougar country make lots of noise when working/walking: talk, sing, wear bells.
- Avoid cougar kills (cougar cover their kills with dirt and leaves and return later to feed). Be alert for circling birds and other scavengers.)
- Travel in pairs
- Carry a walking stick for defence
- Don't count on your dog for protection – he could lead a cougar back to you
- **If you encounter a cougar:**
 - Don't run- flight may trigger pursuit
 - Don't turn your back always keep the cougar in front of you
 - Maintain eye contact- cougar prefer a surprise attack from the back
- **If the cougar shows interest in you** (staring, crouching, creeping, tail twitching) respond aggressively:
 - Make eye contact
 - make yourself look big
 - Smile and show your teeth –pretend to be a predator
 - Make loud noise
 - Arm yourself with rocks and sticks as weapons

- **If the cougar attacks:**
 - Fight back- convince the cougar that you are the predator and not the prey
 - Yell or shout and make intimidating noises
 - Use anything as a weapon
 - Focus your attack on the cougar's nose, face and eyes.

When the cougar has moved on make your way to assistance as soon as possible. Contact the Conservation Officer Service.

MOOSE

Although they may appear gentle, moose will attack you when they feel threatened and are trying to ensure that you are not dangerous. Since moose weigh upwards of 1,500 pounds getting hit by one is the equivalent of being hit by a car!

Why Moose attack:

- **Early summer with calves.** Cow moose are likely to have their calves alongside them and will attack if you get between them and their calves.
- **Fall mating season.** Bull moose are highly aggressive when they are courting cows in the fall. It may perceive you as a mating threat and chase you away by attacking.
- **If provoked by people or dogs.** If you see a moose do not provoke it by yelling or throwing rocks or sticks at it. If you have a dog a moose will consider it to be a threat –just like a wolf or a coyote which it probably has had to fight off at one time.

How to fight off a moose attack:

- **Remember a moose will charge to ward off a potential threat.** By assuring the bull or cow moose that you are not a threat you can survive an aggressive moose encounter.
- **Signs of an aggressive moose:**
 - Walking in your direction
 - Stomping its feet
 - Peeling its ears back
 - Grunting
 - Throwing its head back and forth
- **How to prevent and survive a moose attack:**
 - **Back away** with your palms facing the moose.
 - **Speak softly and reassuringly** like you would to a little child.
 - **If the moose charges get behind a large tree or rock** to separate your body from the moose. Most moose charges are bluffs.
 - **If the moose attacks you** feign death by curling up in a ball. Protect your neck and arms. If you are wearing a backpack your pack will protect your back.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Safe Work Procedure – Working Alone or In Isolation and Checklist

"to work alone or in isolation" means to work in circumstances where assistance would not be readily available to the worker

- (a) in case of an emergency, or
- (b) in case the worker is injured or in ill health.

Definition:

Alone

Working by yourself with no other people in the vicinity.

Isolation

Working in the same general area with a partner or another crew, but will not be in contact with the other person or crew for an extended amount of time: *[enter company choice]* hours.

Person Working Alone

- The person who will be working alone (the lone worker) must designate a contact person to check in with on a pre-planned schedule. The check in will be every *[enter company choice]* hours plus at end-of-shift.
- The lone worker must carry a functioning communication device, such as a satellite transceiver, two-way radio, satellite phone, cell phone or combination thereof plus the contact information for the contact person.
- The designated contact person must have a copy of this working alone procedure and any applicable ERP, contact information, locations and/or maps necessary for rescue of the lone worker.
- The designated contact person must record the time of each contact with the lone worker.
- If the lone worker fails to check in, then the contact person must initiate search procedures after *[enter company choice]* hours. See Missing Worker section of company Emergency Response Plan.

Person Working in Isolation

If two people are working on the same opening, or in the same immediate area, both should carry a functioning communication device and check in with each other on a predetermined schedule: *[enter company choice]*.

If neither person has a functioning communication device then visual contact must be made on a predetermined schedule at the predetermined location: *[enter company choice]*.

Supervisor Responsibilities

The supervisor (or in cases of one person companies, the worker) has:

1. Identified hazards to the worker
2. Managed the identified risks from hazards
3. Trained the contact person in responsibilities including emergency response.

Working Alone or In Isolation Checklist

Date(s): _____

Worker Name: _____

Working Location: _____

Contact Person
Name: _____

Radio Frequency 1 _____

Radio Frequency 2 _____

Emergency Contact
Type: _____
(family, supervisor, etc.)

Emergency Contact
Phone: _____

Frequency of
Contacts: _____

Monday		Tuesday		Wednesday		Thursday		Friday	
Time	Check	Time	Check	Time	Check	Time	Check	Time	Check
8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>	8:00 AM	<input type="checkbox"/>
10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>	10:00 AM	<input type="checkbox"/>
12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>	12:00 PM	<input type="checkbox"/>
2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>	2:00 PM	<input type="checkbox"/>
4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>	4:00 PM	<input type="checkbox"/>
End of shift		End of shift		End of shift		End of shift		End of shift	

Safe Work Procedure – Hand Falling and Bucking

- Access to fallers within a two tree length area of active falling is to be roped off and gated. SWP are to be followed at all times when entering and exiting any active falling areas. Power saw to remain shut off after giving clearance for someone to enter your work area. All active access trails to falling areas are to be brushed out and ribboned.
- Proper PPE must be maintained and worn at all times. Appropriate falling tools must be used and maintained.
- The pushing of trees may only be done to overcome a falling difficulty. Domino falling is *unacceptable*. The SWP's as written in WSBC regulation 26.24 (6) must be followed.
- All hazard trees are to be fallen progressively into open areas. Go up and assess hazard trees above you. Call your supervisor or partner for qualified assistance as needed. Bypassed hazard trees are *UNACCEPTABLE!*
- All fallers workmanship must meet or exceed the minimum standards set by WSBC. Including ensuring the undercut is cleaned out without a Dutchman. Ensuring that the back cut is placed higher than the undercut. Having wedging tools immediately available at the tree being felled. Not carelessly cutting off the corners of holding wood. Unnecessary brushing of timber is *unacceptable*.
- If a cut up tree must be left, call supervisor and inform all workers who may come across it. Leave a roped falling sign indicating that there is a cut up tree. (Do Not Enter) Ribbon off a safe work area around the tree as needed.
- All fallers are to establish escape trails and clear 10 feet or to a safe cover spot when falling EVERY tree.
- Alternate falling means must be available to all fallers at all times. IE; blasting ,machine assist, no work zones
- Know the adverse weather conditions shutdown criteria for your area and never work beyond your personal comfort levels.
- Two tree length rule in effect at *ALL* times for fallers and all other workers in the area.
- Fallers are to follow all SWP for bucking including not going below F&B to buck, Clearing escape routes, bucking at pivot points where possible and completing all bucking cuts. Incomplete bucking cuts must be marked and noted. Buck windfalls for safety as needed. *Never* go behind a bucked off root wad.
- Qualified assistance must be readily available to *all* fallers at *all* times. Fallers must have an effective means to summon qualified assistance as needed. All fallers must know who they are responsible for checking with and must be within 10 minutes surface travel time of their partner. Checks must be done at a minimum of 30 minute intervals. Lift earmuffs and listen for partner continually throughout the day every time your power saw is shut off.
- If doing checks by radio, say the actual time you will be doing your next check. If partner does not answer, check the channel on your radio and try again. If still no answer, wait up to 5 minutes and try again. If still no answer, shut down, inform crew partner is not responding and start walking to him.

Refer to the BCFTS Info Flips for an in depth review of falling and bucking standards.

Refer to the WSBC Regulations for the legal requirements that must be met by all workplaces.

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 tree, 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; therefore, should be modified to fit the situation.

Corrective Action Log

Company Name:

Audit Year:[illegible]