



## Purpose:

The BC Forest Safety Council (BCFSC) is committed to providing members and clients with exceptional service. This includes providing accurate information and guidance to prospective applicants to ensure they make informed decisions about the program.

BCFSC will ensure assessment and admission criteria are well publicized and applied consistently. All applicants will have clear access and lines of communication regarding the pre-requisites, assessment tools, admission requirements and dispute resolution guidelines.

Entry assessment tools and admission requirements enable potential applicants to clearly assess their own ability to meet required basic knowledge, skills and abilities to achieve program outcomes.

## Overview:

The BC Faller Training Standard was developed by WorkSafeBC and Industry to support faller certification and a new faller training program in BC. The BCFSC, Canadian Association of Geophysical Contractors (CAGC) and the BC WildFire Service (BCWS) are currently the only WorkSafeBC approved Administrators of the BC Faller Training Standard.

## New Faller Trainee Requirements (BCFSC Trained Candidates):

During the up to 180 days of training, the New Faller Trainee must have their Trainer or supervisor complete and sign their *Faller Trainee Weekly Plan and Progress Reports*. They must provide at a minimum, 20 reports to the BCFSC, of which the last 5 must indicate the trainee is meeting the standard in all areas and have recommendation from their Trainer or supervisor on the final report. After these requirements are met, they can apply for faller certification.

## Skills Challenge Requirements (Individuals Trained Outside of BCFSC):

Experienced fallers challenging BCFSC Faller Certification are assessed on their knowledge and ability to apply the BC Faller Training Standard.

There are strict WorkSafeBC criteria that must be followed. Fallers that have taken acceptable training with other approved administrators or jurisdictions who want to apply to challenge the BCFSC Faller Certification will be required to provide evidence of training and experience.

Effective April 1, 2014, in response to direction from WorkSafeBC, the criteria for accepting challenges outside the BCFSC 30-day New Faller Training program are as follows:

1. The faller must have verifiable training that is acceptable to WorkSafeBC (e.g., from a training agency).
2. The faller must have 2 years (60 days = 1 year) regular production falling experience in the period preceding the application. Seasonality may be considered, but this time period should not exceed 4 years prior to the date of application.



3. The faller must have conducted manual tree falling as their primary function. Duties must be comprised of manual tree falling and related duties. These duties include but are not limited to:
  - a. Planning and constructing escape routes
  - b. Danger tree management
  - c. Bucking felled trees and logs for harvesting needs
  - d. Establishing minimum and maximum distances between fallers and other workers
  - e. Summoning and rendering assistance to manage a falling difficulty or dealing with an emergency
  - f. Controlling the fall of trees and minimizing unnecessary brushing
  - g. Using mechanical assistance to fall trees
  - h. Ensuring the well-being of each faller and buckler
  - i. Creating multi-tree falling plans
  - j. Working on a falling face with other fallers (strategy of quarter management)
  - k. Falling in multiple timber types and terrain

The faller must submit evidence from their employer(s) that states the faller conducted acceptable falling duties for the minimum required number of days in different timber types and terrain. Acceptable documentation would include:

- A Declaration of Falling Experience from the falling supervisor(s) or employer(s) (see page 11)
- and one or more logbooks, or equivalent, (must include a detailed training and work history)

See **Eligibility Requirements to Apply for Skills Assessment** table for specific examples.



Eligibility Requirements to Apply for Skills Assessment

| Training/Work Experience                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Training                                                        | Work Experience                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BCFSC trainee fallers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 30-days training                                                | <ul style="list-style-type: none"> <li>Up to 180 days</li> <li>Minimum 20 approved <a href="#">weekly progress reports</a> (last 5 show meeting in all sections)</li> <li>Supervisor’s sign off on final report</li> </ul> <p>Reference: <a href="#">OHS req 26.22 Forestry operation faller training</a></p> |
| CAGC certified fallers<br>BCWS certified fallers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CAGC Certification<br>BCWS Certification                        | <ul style="list-style-type: none"> <li>Must show evidence of minimum of 2 years (60 days min = 1 year) falling experience in a forestry/ production setting within last 2 years</li> </ul> <p>Reference: <a href="#">G26.22(7) Forestry operation faller training - Challenge process</a></p>                 |
| Out of jurisdiction faller (not in BC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Must submit a verifiable training record from a training agency | <ul style="list-style-type: none"> <li>Must show evidence of minimum of 2 years (60 days min = 1 year) falling experience in a forestry /production setting within last 2 years</li> </ul> <p>Reference: <a href="#">G26.22(7) Forestry operation faller training - Challenge process</a></p>                 |
| <p><b>Training and work experience that does not meet the requirements to challenge BCFSC Faller Certification:</b></p> <ul style="list-style-type: none"> <li>Certified Utility Arborists with, or without falling bucking endorsement</li> <li>CAGC &amp; BCWS trainee faller</li> <li>Silviculture Workers and Spacers</li> <li>Parks and Municipal Workers</li> <li>Agricultural Workers</li> </ul> <p>Reference: G26.22(7) Forestry operation faller training - Challenge process</p> <p><a href="http://www2.worksafebc.com/publications/OHSRegulation/GuidelinePart26.asp#SectionNumber:G26.22_7">http://www2.worksafebc.com/publications/OHSRegulation/GuidelinePart26.asp#SectionNumber:G26.22_7</a></p> |                                                                 |                                                                                                                                                                                                                                                                                                               |

It is recommended that the applicant is interviewed by the BCFSC to determine if the requirements to challenge are met prior to applying.

If it is determined that evidence, experience and/or training does not meet the BCFSC and WorkSafeBC criteria, the BCFSC reserves the right to require additional evidence and/or training in a forestry/production setting or may require the candidate to enroll in the New Faller Training program. The BCFSC website has further information regarding the [New Faller Training Course](#).



### Assessment Process:

Applicants will be advised of their application status by mail. Successful applicants will receive a reference package with various reference materials to assist in preparing for their assessment. Unsuccessful applicants will be provided with a written response with regards to next steps.

The Assessment for Faller Certification will be performed by an approved BCFSC Assessor.

The Assessor will contact the applicant to review the process of the assessment and to coordinate a suitable time and location.

Note: It is the responsibility of the applicant to supply a suitable site for their assessment. Once the application is approved, a timber site selection checklist will be provided to ensure the site is suitable.

The assessment is a three-part process to evaluate the applicant's technical competency, safe work practices, professionalism, knowledge and skills as a faller.

**Note:** *Parts 1 & 2 are not applicable to New Faller Training graduates.*

1. Basic Skills Assessment
2. BC Faller Training Standard –Written Exam (50 questions multiple choice)
3. BC Faller Training Standard – Field Examination & Evaluation

### Note:

- Each part of the assessment must be successfully completed to proceed to the next part (see page 5, Skills Challenge Applicants (out of jurisdiction) for more detail)
- Circumstances beyond the Assessor and applicant's control could result in the assessment ending prematurely. In this circumstance, the assessment will be re-scheduled. Examples may include inclement weather conditions (wind, rainfall limits, excessive snowfall), wildlife, or licensee cancellations.
- Other individuals, for training or quality assurance purposes, may attend the assessment; however, the applicant will be informed prior to the assessment.

### BCFSC Guidelines regarding assessments that are stopped for safety concerns:

Every effort is made to ensure BCFSC Falling Programs are delivered safely and effectively. Assessments will be stopped if the applicant is unprepared or if the Assessor has any safety concerns. BCFSC supports their Assessors in communicating and enforcing consequences of any risk and safety violations.

Examples of reasons that may trigger a **STOP to the practical assessment and result in an unsuccessful challenge** include but are not limited to:

- Major safety infraction(s) by the faller including the Designated High-Risk Violations: Hand Falling or Bucking. See the reference materials for more information on the Designated High-Risk Violations: Hand Falling or Bucking
- The faller does not grasp the key concepts in safely falling and bucking trees
- The faller is not physically or mentally able to safely fall trees  
STOP points in the BCFSC Warning and Stop Points document



### **Skills Challenge Applicants (out of jurisdiction):**

- A passing grade of 75% or higher must be achieved on the BCFTS Written Exam to proceed to the Basic Skills Assessment. If applicants are unsuccessful, they will not move forward and will be required to take the BCFSC 30-day New Faller Training Program.
- Applicants must demonstrate basic bucking skills and safe work procedures for undercuts and backcuts in stumps during the Basic Skills Assessment before moving to the BCFTS Field Examination & Evaluation. If applicants are unsuccessful, they will not move forward and will be required to take the BCFSC 30-day New Faller Training Program.
- Applicants from other jurisdictions who do not receive a minimum grade of 75% on the BC Faller Training Standard Field Examination and Evaluation will not be eligible for another skills assessment until they have taken training acceptable to the BC Forest Safety Council (BCFSC). The additional training will be at the cost of the applicant and must be provided by an approved BCFSC Qualified Trainer.
- If the assessment is stopped because the applicant was unprepared e.g., unacceptable ERP or PPE, the applicant may pay for and schedule another skills assessment.

### **BCFSC New Faller Trainees:**

- BCFSC New Faller Trainees that are unsuccessful must continue working in their 'up to 180 days' and can apply and pay for re-assessment. At minimum, 8 approved Faller Trainee Weekly Plan and Progress Reports must be submitted that meet the requirements of the BC Faller Training Standard. A further sign off by their supervisor must also be provided at which time they may re-assessed for Faller Certification.
- If the assessment is stopped because the applicant was unprepared e.g., unacceptable ERP or PPE, the applicant may pay for and schedule another skills assessment.
- If trainees are unsuccessful after a second attempt at challenging the BCFTS Field Examination and Evaluation, the BCFSC will create and discuss a specific training plan with the trainee on a case-by-case situation.

### **Accommodations & Food Requirements:**

Accommodations and meals are the responsibility of the applicant.

### **Equipment and Supplies:**

It is the applicant's responsibility to have the necessary equipment and supplies. Applicants are reminded that they are responsible for the safe keeping of their equipment and supplies. Applicants that require further information regarding the equipment required for the assessment can reference the BC Faller Training Standard Info Flips included with the reference package or speak to the assigned Assessor.

### **Insurance Coverage:**

Applicants are responsible for their own Workers Compensation insurance coverage. A copy of insurance including an active number is required with the application.



### **Refunds/Withdrawals:**

The BCFSC is a not-for-profit organization. The refund/withdrawal guidelines are in place to ensure that costs associated with performing falling activities are covered e.g., the assessor's time is valuable, and these costs still need to be recovered with short notice cancellations.

1. There will be no refunds for cancellations with less than **72-hour notice**. Fallers who miss appointments without the 72-hour notice will be required to pay for an additional assessment.
2. A refund, or further attempt, may, or may not be granted for Skills Assessments that are stopped depending on the situation. Reference the **BCFSC Guidelines regarding assessments that are stopped for safety concerns** section within this document for further detail.

### **Re-certification Requirements:**

Currently there are no re-certification requirements in Regulation. Fallers will be notified in writing of any program changes. Current information can be found on the website or in the BCFSC Forest Safety newsletter.

### **Further Information:**

For more information about the application and assessment requirements please visit the BCFSC web site: <http://www.bcforestsafe.org/node/2516> or contact:

Falling Department

Office hours: 8:00 am - 5:00 pm (Pacific Standard Time) Monday to Friday

Phone: 1-877-741-1060

Fax: 1-250-741-1068

E-mail: [faller@bcforestsafe.org](mailto:faller@bcforestsafe.org)



## APPLICATION FORM - ASSESSMENT FOR FALLER CERTIFICATION

**THIS APPLICATION FORM IS CURRENT UNTIL DECEMBER 31, 2022, AT WHICH TIME AN UPDATED APPLICATION FORM WILL BE AVAILABLE. PLEASE CONTACT THE BCFC TO ENSURE YOU ARE USING THE MOST CURRENT FORM.**

**NOTE:** PLEASE REVIEW THE ASSOCIATED INFORMATION PACKAGE THAT EXPLAINS THE ASSESSMENT PROCESS IN DETAIL PRIOR TO APPLICATION. IN ORDER TO PROCESS YOUR APPLICATION, PLEASE ENSURE IT IS FULLY COMPLETED, SIGNED AND DATED.

### A. Personal Contact Information *(complete fully and print clearly)*

Legal First Name:

Legal Middle Name(s):

Legal Last Name:

Date of Birth (MM/DD/YYYY):

Mailing Address:

City:

Province/State:

Country:

Postal Code:

Phone Number:

Cell Phone Number:

Email:

Preferred means of contact:

Emergency Contact Name:

Emergency Contact Phone Number:

### B. Geographic Location

Please indicate your geographic location:

Lower Mainland

Vancouver Island

Okanagan

Kootenays

Omineca

Peace Thompson

Skeena

Cariboo

### C. Assessment Location

Please indicate the nearest town/community/camp where you could meet the Assessor:



#### D. Special Circumstances

*Indicate special circumstances that might affect scheduling of your assessment. For example, if you are unavailable certain times or require advance notice to be available for the assessment.*

#### E. Training (See page 3 for clarification)

- Please check the box that you have attached certificates or documentation to verify training pre-requisites are met.

**Note:** If you have participated in the BCFSC New Faller Training Program, we will have these records on file, and you are not required to resubmit your weekly training reports.

If you are certified with either CAGC, the BC Wildfire Service, or another certifying body, please provide a copy of your current certification card.

#### F. Work Experience (See page 3 for clarification)

- BCFSC Faller Trainee Weekly Training and Progress Reports have been submitted, reviewed, and approved (BCFSC New Faller Trainees only)
- or
- You have attached copies of signed logbook(s) (evidence of experience)
- Completed Declaration of Falling Experience – one per employer (see page 11)

**Note:** The BCFSC may require additional information from the provided references. It is the responsibility of the applicant to ensure that contact information is available on the reference letter(s) and the references respond when contacted by the BCFSC. If your reference cannot be contacted, it will result in your application being delayed.





**G. Guidelines & Signature**

**Workers Compensation**

Applicants are responsible for arranging their own Workers Compensation insurance coverage for their Skills Assessment.

- Please check the box that you have attached a copy of your active Workers Compensation Insurance coverage or provide your account number: \_\_\_\_\_

**Program Guidelines**

- Please check the box that you have read the information package and agree to the program guidelines.

**Privacy Statement**

The BC Forest Safety Council (BCFSC) is committed to protecting the privacy of any personal information you provide when submitting an application form to us. The BCFSC complies with the Freedom of Information and Protection of Privacy Act and discloses the information that could be shared with other parties.

Your financial information is only used for the purpose of the application and will not be shared or used for any other purpose.

Your faller certification information will be used for the following purposes:

- your involvement in the Faller Certification program
- verification of your faller status in the SAFE Companies program
- confirmation of faller certification status directly to employers, or the BCFSC website
- compliance with WorkSafeBC

Other than the reasons above, your confidential information will not be disclosed to third parties. Your information is valuable, and we ensure all reasonable measures are taken to protect it.

- Please check the box that you have read and agree to the privacy statement.

**Attestation**

I attest that the information I have provided is complete and accurate; and I authorize the BCFSC to verify its accuracy. I understand and agree that if I provide untrue information and/or false documents, this will lead to my certification being denied or deemed invalid.

- Please check the box that you agree to the attestation.

| Applicant Name (Print): | Applicant Signature: | Date: |
|-------------------------|----------------------|-------|
|                         |                      |       |



**H. Payment Information** (*payment processed upon application approval*)

**Application Fee:** \$1312.50 (\$1250 + \$62.50 GST)

*Paid by:*

Enclosed Cheque (*payable to BC Forest Safety Council*)

Visa

MasterCard

*Name on Card:*

*Expiry Date:*

MM

YY



*Credit Card Number:*

**IMPORTANT:**

Please include **CVD** (3-digit security code from back of credit card)

*Cardholder's Signature:*

Major tenure holders also have the option to submit a purchase order. Contact us for information.

**APPLICATION PROCESSING**

**Note:** BCFSC will not process payment until the application is approved. No charges will be applied if the application is declined.

**Send completed form to the BC Forest Safety Council by:**

1. Email: [faller@bcforestsafe.org](mailto:faller@bcforestsafe.org)
2. Fax: 250-741-1068
3. Mail: Attention: BC Faller Certification Program  
8C-2220 Bowen Rd, Nanaimo, BC V9S 1H9

**Questions? Call us toll-free: 1-877-741-1060 or go to our website [www.bcforestsafe.org](http://www.bcforestsafe.org)**

A Faller's Logbook and BCFSC Faller card will be issued on successful completion and review of the assessment. This process typically takes two to four weeks depending on current volumes.



**Employer Information**

|               |        |           |                                                                               |
|---------------|--------|-----------|-------------------------------------------------------------------------------|
| Name:         |        | Position: | Company:                                                                      |
| Phone Number: | Email: |           | Certified Faller:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**Faller Information**

|                       |                                                                                             |
|-----------------------|---------------------------------------------------------------------------------------------|
| Faller Name:          | Phone Number:                                                                               |
| Email:                | Date Certified:                                                                             |
| Certification Number: | Certification Administrator:<br><input type="checkbox"/> CAGC <input type="checkbox"/> BCWS |

I, \_\_\_\_\_ declare that \_\_\_\_\_  
Employer Representative Faller

has the following experience as it pertains to the applicant's employment with \_\_\_\_\_  
Employer

|                                      |                                                                                                                                                                                    |            |                   |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
| <b>2022</b>                          | Date Range:                                                                                                                                                                        | # Of Days: | Location of Work: |
| <b>Industry:</b>                     | <input type="checkbox"/> Forestry/Production <input type="checkbox"/> Oil and Gas <input type="checkbox"/> BCWS <input type="checkbox"/> Other<br><i>If other, please explain:</i> |            |                   |
| Description of work that took place. |                                                                                                                                                                                    |            |                   |
| <b>2021</b>                          | Date Range:                                                                                                                                                                        | # Of Days: | Location of Work: |
| <b>Industry:</b>                     | <input type="checkbox"/> Forestry/Production <input type="checkbox"/> Oil and Gas <input type="checkbox"/> BCWS <input type="checkbox"/> Other<br><i>If other, please explain:</i> |            |                   |
| Description of work that took place. |                                                                                                                                                                                    |            |                   |
| <b>2020</b>                          | Date Range:                                                                                                                                                                        | # Of Days: | Location of Work: |
| <b>Industry:</b>                     | <input type="checkbox"/> Forestry/Production <input type="checkbox"/> Oil and Gas <input type="checkbox"/> BCWS <input type="checkbox"/> Other<br><i>If other, please explain:</i> |            |                   |



Description of work that took place.

**Further Details of Falling Experience:**

|                         |                                                                                                                                                                                                                                                                                                         |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Type of Falling:</b> | <input type="checkbox"/> Cable <input type="checkbox"/> Ground based <input type="checkbox"/> Heli <input type="checkbox"/> R/W <input type="checkbox"/> Fall & Burn <input type="checkbox"/> Fuel Mod <input type="checkbox"/> BCWS <input type="checkbox"/> Other<br><i>If other, please explain:</i> |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|               |                                                                                                          |                                                                            |
|---------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>Slope:</b> | <input type="checkbox"/> Less than 30% <input type="checkbox"/> 30-60% <input type="checkbox"/> Over 60% | <input type="checkbox"/> Old Growth <input type="checkbox"/> Second Growth |
|---------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

|                  |                                                                                                                                                                          |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Diameter:</b> | <input type="checkbox"/> 6 - 12" <input type="checkbox"/> 12 - 18" <input type="checkbox"/> 18 - 24" <input type="checkbox"/> 24 - 36" <input type="checkbox"/> Over 36" |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Falling duties:** Check the applicable boxes to indicate the falling experience of the applicant

|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Planning and using escape routes<br><input type="checkbox"/> Danger tree management<br><input type="checkbox"/> Bucking for harvesting needs<br><input type="checkbox"/> Creating multi-tree falling plans<br><input type="checkbox"/> Multiple timber types and terrain | <input type="checkbox"/> Managing falling difficulties<br><input type="checkbox"/> Use of qualified assistance/man-checks<br><input type="checkbox"/> Opening up<br><input type="checkbox"/> Working on a face with other fallers<br><input type="checkbox"/> Site planning to avoid brushing |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                 |                                                                                                                                                                                                                                                          |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alternate Falling Means:</b> | <input type="checkbox"/> Upslope Falling <input type="checkbox"/> Re-fall cut-up tree <input type="checkbox"/> Heavy Leaner<br><input type="checkbox"/> Limb-Tied <input type="checkbox"/> Short Stubby <input type="checkbox"/> Backcut 1 <sup>st</sup> |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Comments:

Regular falling inspections, based on the BC Faller Training Standard, were conducted on the applicant

Recommend faller challenge the BC Faller Training Standard Field Examination and Evaluation for faller certification with the BC Forest Safety Council

|                     |       |
|---------------------|-------|
| Employer Signature: | Date: |
|---------------------|-------|



**OFFICE USE ONLY**

|                                                   |                                                                                                                                                      |                |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Application # (CRM assigned):                     |                                                                                                                                                      |                |
| BCFSC SME                                         | <input type="checkbox"/> - Meets the requirements to challenge the BCFTS Field Examination and Evaluation for faller certification with the BCFSC    |                |
|                                                   | <input type="checkbox"/> - Does not the requirements to challenge the BCFTS Field Examination and Evaluation for faller certification with the BCFSC |                |
|                                                   | Comments:                                                                                                                                            |                |
|                                                   | SME Name:                                                                                                                                            | SME Signature: |
| Date:                                             |                                                                                                                                                      |                |
| Date Payment Processed:                           |                                                                                                                                                      |                |
| Date Falling Info Flips & Reference Package sent: |                                                                                                                                                      |                |
| Assessor Assigned:                                |                                                                                                                                                      |                |