



## CERTIFIED FALLER CONDENSED AUDIT

Based on the BC Faller Training Standard Field Examination and Evaluation and WorkSafeBC Regulation

**A – Acceptable    U – Unacceptable**

<b>Faller's Name:</b>		<b>Falling Supervisor's Name:</b>	
<b>Faller's Cert. #</b>		<b>Falling Supervisor's Cert. #: (If applicable)</b>	
<b>Audit Date From:</b>		<b>Audit Date To:</b>	
<b>Employer/ Company Name:</b>		<b>Self Employed:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Licensee:</b>		<input type="checkbox"/> <b>Setting #:</b>	
<b>Prime Contractor:</b>		<input type="checkbox"/> <b>R/W #:</b>	

Geographical Area:		Harvesting Method:		Timber Type:	
<input type="checkbox"/> Lower Mainland	<input type="checkbox"/> Vancouver Island	<input type="checkbox"/> Heli	<input type="checkbox"/> Conventional	<input type="checkbox"/> Old Growth <input type="checkbox"/> Second Growth	
<input type="checkbox"/> Okanagan	<input type="checkbox"/> Kootenays	<input type="checkbox"/> Cable	<input type="checkbox"/> Ground Based	<b>Species:</b>	
<input type="checkbox"/> Omineca	<input type="checkbox"/> Peace Thompson	Slope (%): <input type="checkbox"/> <30% <input type="checkbox"/> >30%		<input type="checkbox"/> Cedar	<input type="checkbox"/> Cypress
<input type="checkbox"/> Skeena	<input type="checkbox"/> Cariboo	Avg. DSH: _____ in		<input type="checkbox"/> Fir/Larch	<input type="checkbox"/> Hem/Bal
<b>Nearest Community:</b>		<b>Large Diam. (Over 36 in.):</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pine	<input type="checkbox"/> Spruce	
			<input type="checkbox"/> Hardwood	<input type="checkbox"/> Windthrown	
			<input type="checkbox"/> <b>Damaged Timber (Fire, pest, other)</b> Describe: _____		

**Part 1- Personal Protective Equipment (WSBC Reg. Part 8 & Sec. 26.7)**

*(Some considerations: PPE and High Visibility Clothing)*

A=1     U=0    Score: \_\_\_ /1

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	

**Part 2- Mental and Physical Well Being (WSBC Reg. Sec. 4.19)**

*(Some considerations: dehydration, fatigue, hypothermia, frostbite, heat stress, mental fitness/distractions)*

A=1     U=0    Score: \_\_\_ /1

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	



**Part 3- Person-Check Procedures & Transportation**  
(WSBC Reg. Sec 4.21, Sec. 26.23, & Sec. 26.28)

**Part 3A- Person-Check Procedures**

A=6  U=0 Score: \_\_\_/6

(Faller must answer the following questions by the Supervisor. Unacceptable answers to any questions deems this section as Unacceptable and a score of ``0``)

- 1. Who are you responsible for undertaking the person check with?  A  U
- 2. Where is this person right now?  A  U
- 3. Who is responsible for undertaking the person check for you?  A  U
- 4. Does this person know your location?  A  U
- 5. Can you describe the person check process in place for this worksite?  A  U
- 6. Can you confirm access trails have been cleared, marked, and communicated?  A  U

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
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Follow Up Comments:	Date Rectified:	
<hr/> <hr/>		

**Part 3B- Transportation of fallers (WSBC Reg. Part 17):**

A=1  U=0 Score: \_\_\_/1

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
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Follow Up Comments:	Date Rectified:	
<hr/> <hr/>		

**Part 4 – First Aid & Emergency Response Plan (WSBC Reg. Sec. 3.14-3.21 & Sec. 4.14)**

A=5  U=0 Score: \_\_\_/5

(Faller must answer the following questions by the Supervisor. Unacceptable answers to any questions deems this section as Unacceptable and a score of ``0``)

- 1. Who are the first aid attendants for this worksite and where are they located?  A  U
- 2. Where are the first aid kits located on the worksite?  A  U
- 3. Can you display your personal first aid kit and pressure dressing?  A  U
- 4. Can you describe where the Emergency Transportation Vehicle is located?  A  U
- 5. Can you describe the Emergency Response Plan (ERP)? Has it been tested?  A  U

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
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Follow Up Comments:	Date Rectified:	
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**Part 5 – Review Plan & Initial Safety Meeting (WSBC Reg. Sec. 26.23 & Sec. 26.5)**

A=4  U=0 Score: \_\_/4

*(Faller must answer the following questions by the Supervisor. Unacceptable answers to any questions deems this section as Unacceptable and a score of ``0``)*

- 1. What is your falling plan for the day?  A  U
- 2. Can you identify the hazards in your area and discuss a plan to mitigate those hazards?  A  U
- 3. Are there other people working in this block? Identify their location on the map.  A  U
- 4. Can you provide key points from the initial safety meeting for the block?  A  U

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
_____		
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
_____		

**Part 6 – Adverse weather (WSBC Reg. Sec. 26.7.2)**

A=1  U=0 Score: \_\_/1

*(Considerations: Faller is aware of weather related shut down criteria.)*

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
_____		
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
_____		

**Part 7 - Identifying Hand Tools and Equipment (WSBC Reg. Sec. 26.23)**

A=1  U=0 Score: \_\_/1

*(Considerations: Axe at base of tree being felled and ensure hand tools and equipment are well maintained.)*

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
_____		
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
_____		

**Part 8 – Determine Chainsaw Suitability (WSBC Reg. Sec. 26.23)**

A=1  U=0 Score: \_\_/1

*(Considerations: Supervisor should consider bar size of saw in relation to timber size, and conformity with CSA standards for the machinery and components.)*

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
_____		
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
_____		



**Part 9 - Practice Chainsaw Maintenance**

A=1  U=0 Score: \_\_\_/1

*(Considerations: If ground chain is used, it must be ground to manufacturers specifications.)*

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		

**Part 10 – Demonstrate Chainsaw Operation**

A=6  U=0 Score: \_\_\_/6

*(Considerations: Saw carried on shoulder for long distance with chain removed from bar and saw dogs effectively guarded. Controlled start of the saw. Faller is prepared for kickbacks at all times and chain is properly adjusted.)*

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		

**Part 11 – Demonstrate Process of Falling (WSBC Reg. Sec. 26.23 & Sec. 26.24)**

A=9  U=0 Score: \_\_\_/9

*(Considerations: Supervisor should consider all aspects of safe work procedures when falling including excessive back barring. Faller walks falling area prior to falling, assesses tree, plans and prepares escape routes.)*

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		

**Part 12 – Falling a Tree- (WSBC Reg. Sec. 26.23 & Sec. 26.24)**

A=6  U=0 Score: \_\_\_/6

*(Supervisor must observe faller falling a minimum of two trees per month that are representative of the timber type of the faller’s area of work. Note: Clears a minimum 10 feet from stump.)*

Species:	DSH:	Height:	Date:	A or U	Comments:	
				<input type="checkbox"/> A <input type="checkbox"/> U	_____	
				<input type="checkbox"/> A <input type="checkbox"/> U		
Comments/Corrective Action required:					Date comment made:	To be addressed by (date):
_____						
Follow Up Comments:					Date Rectified:	
_____						



**Part 13 Demonstrate Use of Axe, Wedges, and Directional Control (WSBC Reg. Sec. 26.23 & Sec. 26.24)**

A=6  U=0 Score:\_\_\_/6

*(Considerations: Faller looks up to assess tree movement.)*

Faller must demonstrate or describe to Supervisor:

- 1. Proper use of axe, wedges, and wedging procedure.  A  U
- 2. Demonstration of directional control when falling (i.e.: uses sight lines)  A  U

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		

**Part 14 – Recognize Dangerous Falling Practices (WSBC Reg. Sec. 26.23 & Sec. 26.24)**

A =9  U=0 Score:\_\_\_/9

**WSBC Regulation: "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. (Supervisor should ensure that trees are not brushed from holding timber tight to the face and ensure there is a plan to limit brushing timber for this section to be considered 'Acceptable'.)

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		

**Part 15 – Manage Falling Hazards**

**(WSBC Reg. Sec. 26.11, Sec. 26.23, Sec. 26.24, Sec. 26.25 & Sec. 26.26)**

*(Supervisor should verify that the faller is utilizing safe work procedures when falling in difficult situations including Avoidance of 'Excessive Brushing' as per the WSBC definition and that personal limitations are not exceeded)*

**PART 15A-Upslope Falling, Heavy Leaners, Pushing or Limb Tied Trees:**

A=9  U=0 Score:\_\_\_/9

*(Faller must demonstrate or describe to Supervisor. Unacceptable work in any of these points deems this section as Unacceptable and a score of "0")*

Faller must demonstrate or describe to Supervisor:

- 1. Proper techniques to employ with upslope falling.  A  U
- 2. Proper techniques to employ when falling trees with a heavy lean.  A  U
- 3. Proper techniques to employ when pushing or working with limb tied trees.  A  U

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		



**Part 15B- Management of Dangerous Trees:**

A=12  U=0 Score: \_\_/12

*(Faller must answer the following questions by the Supervisor. Unacceptable answers to any questions deems this section as Unacceptable and a score of "0")*

- 1. Are you aware of danger trees in the area and what is the plan to manage them?  A  U
- 2. Can you identify the two escape trails for a dangerous tree on site?  A  U
- 3. Can you provide the details of the proper assessment of a danger tree?  A  U  
*(If a danger tree is present, detail the assessment of the tree in question)*

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
<hr/> <hr/>		
<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
<hr/> <hr/>		

**Part 16 – Identifying Special Falling Technique**

A=6  U=0 Score: \_\_/6

*Faller must demonstrate or describe to Supervisor: (Unacceptable work in any of these demonstrations deems this section as Unacceptable and a score of "0".)*

- 1. Falling techniques to employ for falling against the lean.  A  U
- 2. Falling techniques to employ when working with a small diameter tree.  A  U
- 3. Falling techniques to employ when working with a short stubby tree.  A  U
- 4. Falling techniques to employ when working with a cut up tree.  A  U

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
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<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
<hr/> <hr/>		

**Part 17 – Demonstrating Limbing/Taping**

A=1  U=0 Score: \_\_/1

*Faller must demonstrate or describe to Supervisor: (Unacceptable work in any of these demonstrations deems this section as Unacceptable and a score of "0".)*

- 1. Proper techniques to employ when limbing a tree.  A  U
- 2. Proper techniques to employ when taping a tree.  A  U

<b>Comments/Corrective Action required:</b>	<b>Date comment made:</b>	<b>To be addressed by (date):</b>
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<b>Follow Up Comments:</b>	<b>Date Rectified:</b>	
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**Part 18 – Demonstrating the Bucking Process**  
 (WSBC Reg. Sec. 26.23 & Sec. 26.24)

Faller must demonstrate or describe to Supervisor the proper bucking process.

A=9  U=0 Score: \_\_\_/9

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		

**Part 19 – Demonstrate Falling Cuts (WSBC Reg. Sec. 26.23 & Sec. 26.24)**

A=5  U=0 Score: \_\_\_/5

(Supervisor must measure a minimum of 5 stumps per month cut by the faller that are representative of the timber type and terrain. Mark "1" for all acceptable stumps, mark "0" for U). Any stumps with a score less than 12 shall be considered Unacceptable and a score of "0")

Date	Stump #	Tree Species	Ground Slope %	Diam. Inches	B/C Inches	U/C Inches	U/C Depth %	U/C Type	U/C Opening	Backstep Highside Inches	Backstep Lowside Inches	A or U	Score
												<input type="checkbox"/> A <input type="checkbox"/> U	/1
												<input type="checkbox"/> A <input type="checkbox"/> U	/1
												<input type="checkbox"/> A <input type="checkbox"/> U	/1
												<input type="checkbox"/> A <input type="checkbox"/> U	/1
												<input type="checkbox"/> A <input type="checkbox"/> U	/1
												<b>TOTAL</b>	<b>/5</b>

Comments/Corrective Action required:	Date comment made:	To be addressed by (date):
_____		
Follow Up Comments:	Date Rectified:	
_____		



**Additional follow up Comments:**

For items that the Supervisor thinks should be followed up on during subsequent audits, or items that are not acceptable at the end of the month, these comments should be continued on to the next monthly audit.

**Condensed Audit Scoring Summary:**

Question	Score	Question	Score	Question	Score	Question	Score	Question	Score
1	/1	5	/4	10	/6	15A	/9	19	/5
2	/1	6	/1	11	/9	15B	/12		
3A	/6	7	/1	12	/6	16	/6		
3B	/1	8	/1	13	/6	17	/1		
4	/5	9	/1	14	/9	18	/9	<b>Total</b>	<b>/100</b>

Date:		Week: 1	
<b>Falling Supervisor's Name:</b>			
<i>Indicate which parts were completed during your visit:</i>			
<input type="checkbox"/> Part 1	<input type="checkbox"/> Part 2	<input type="checkbox"/> Part 3A	<input type="checkbox"/> Part 3B
<input type="checkbox"/> Part 4	<input type="checkbox"/> Part 5	<input type="checkbox"/> Part 6	<input type="checkbox"/> Part 7
<input type="checkbox"/> Part 8	<input type="checkbox"/> Part 9	<input type="checkbox"/> Part 10	<input type="checkbox"/> Part 11
<input type="checkbox"/> Part 12	<input type="checkbox"/> Part 13	<input type="checkbox"/> Part 14	<input type="checkbox"/> Part 15A
<input type="checkbox"/> Part 15B	<input type="checkbox"/> Part 16	<input type="checkbox"/> Part 17	<input type="checkbox"/> Part 18
<input type="checkbox"/> Part 19			

Date:		Week: 2	
<b>Falling Supervisor's Name:</b>			
<i>Indicate which parts were completed during your visit:</i>			
<input type="checkbox"/> Part 1	<input type="checkbox"/> Part 2	<input type="checkbox"/> Part 3A	<input type="checkbox"/> Part 3B
<input type="checkbox"/> Part 4	<input type="checkbox"/> Part 5	<input type="checkbox"/> Part 6	<input type="checkbox"/> Part 7
<input type="checkbox"/> Part 8	<input type="checkbox"/> Part 9	<input type="checkbox"/> Part 10	<input type="checkbox"/> Part 11
<input type="checkbox"/> Part 12	<input type="checkbox"/> Part 13	<input type="checkbox"/> Part 14	<input type="checkbox"/> Part 15A
<input type="checkbox"/> Part 15B	<input type="checkbox"/> Part 16	<input type="checkbox"/> Part 17	<input type="checkbox"/> Part 18
<input type="checkbox"/> Part 19			

Date:		Week: 3	
<b>Falling Supervisor's Name:</b>			
<i>Indicate which parts were completed during your visit:</i>			
<input type="checkbox"/> Part 1	<input type="checkbox"/> Part 2	<input type="checkbox"/> Part 3A	<input type="checkbox"/> Part 3B
<input type="checkbox"/> Part 4	<input type="checkbox"/> Part 5	<input type="checkbox"/> Part 6	<input type="checkbox"/> Part 7
<input type="checkbox"/> Part 8	<input type="checkbox"/> Part 9	<input type="checkbox"/> Part 10	<input type="checkbox"/> Part 11
<input type="checkbox"/> Part 12	<input type="checkbox"/> Part 13	<input type="checkbox"/> Part 14	<input type="checkbox"/> Part 15A
<input type="checkbox"/> Part 15B	<input type="checkbox"/> Part 16	<input type="checkbox"/> Part 17	<input type="checkbox"/> Part 18
<input type="checkbox"/> Part 19			

Date:		Week: 4	
<b>Falling Supervisor's Name:</b>			
<i>Indicate which parts were completed during your visit:</i>			
<input type="checkbox"/> Part 1	<input type="checkbox"/> Part 2	<input type="checkbox"/> Part 3A	<input type="checkbox"/> Part 3B
<input type="checkbox"/> Part 4	<input type="checkbox"/> Part 5	<input type="checkbox"/> Part 6	<input type="checkbox"/> Part 7
<input type="checkbox"/> Part 8	<input type="checkbox"/> Part 9	<input type="checkbox"/> Part 10	<input type="checkbox"/> Part 11
<input type="checkbox"/> Part 12	<input type="checkbox"/> Part 13	<input type="checkbox"/> Part 14	<input type="checkbox"/> Part 15A
<input type="checkbox"/> Part 15B	<input type="checkbox"/> Part 16	<input type="checkbox"/> Part 17	<input type="checkbox"/> Part 18
<input type="checkbox"/> Part 19			

Supervisor's Name: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Faller's Name: \_\_\_\_\_ Faller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_