

Daily Falling Plan

Date:		Block #:		Road:	
Supervisor:			1 st aid attendant:		
Company Name:		Prime:		Licensee:	
Discussion Topics: (these topics to be discussed and reviewed daily before crews start work)					
<input type="checkbox"/>	ETV location identified	<input type="checkbox"/>	Proper signage / gating in place		
<input type="checkbox"/>	Onsite First Aid meets OHS requirements	<input type="checkbox"/>	Appropriate PPE in order		
<input type="checkbox"/>	All phases in area are identified	<input type="checkbox"/>	Qualified assistance available		
<input type="checkbox"/>	Access trails brushed out / ribboned	<input type="checkbox"/>	Radio frequencies being used		
<input type="checkbox"/>	Current ERP in place and tested	<input type="checkbox"/>	Alternate falling methods available		
<input type="checkbox"/>	All workers have reviewed and signed block plan	<input type="checkbox"/>	Fallers have reviewed and signed SWP		
FC	Falling partners and locations				FC
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	↔				
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Worksite Hazards Discussed		Controls in place			
Danger trees					
Ground slope / Terrain					
Weather conditions					
Phase integration / Congestion					
Windfall areas					
Roadside debris / Blast rock					
Ground conditions					
Daily Work plan and other hazards discussed					

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