

Date:	Block #:	Road:
Supervisor:		First aid attendant:
Company Name:	Prime:	Licensee:

Discussion Topics: *(these topics to be discussed and reviewed daily before crew start work)*

<input type="checkbox"/> ERP <input type="checkbox"/> ETV Location <input type="checkbox"/> Onsite First Aid <input type="checkbox"/> Fallers PPE	<input type="checkbox"/> Radio frequencies <input type="checkbox"/> Signage and gating <input type="checkbox"/> Alternate falling methods <input type="checkbox"/> Fallers have signed site safety plan	<input type="checkbox"/> Other phases in area <input type="checkbox"/> Qualified assistance <input type="checkbox"/> Fallers SWP <input type="checkbox"/> Access trails
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FC	Faller locations and Man Checks <i>(Fallers to initial by their name)</i>	FC
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Site Specific Hazards	Risk Rating
Danger trees:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
Ground slope and terrain:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
Weather conditions:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
Phase integration or congestion:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
Windfall areas:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
Roadside debris or blast rock:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
Ground conditions:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	
	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Controls:	



Daily Work Plan