

Daily Work Plan

Date:	Block #:	Road:
Supervisor:		1 st Aid Attendant:
Company Name:	Prime:	Licensee:

Discussion Topics: *(these topics to be discussed and reviewed daily before crew starts 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 falling 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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Worksite Hazards and Controls

Danger Trees:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Terrain:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Weather Conditions:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Phase Congestion:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Windfall Areas:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Roadside Hazards:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Ground Conditions:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Other:		<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High

Daily Work Plan and Other Hazards Discussed

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