

Company Name:

Area:		Block #:	
Latitude:		Radio Channels	Road:
Longitude:			Block:
Onsite First Aid attendant name, OFA level and location(s)			
Minimum required onsite First Aid for high risk activity: Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> ETV <input type="checkbox"/>			
Notes:			
Available First Aid gear on-site: Level 1 kit <input type="checkbox"/> Level 3 kit <input type="checkbox"/> Oxygen <input type="checkbox"/> Stretcher kit <input type="checkbox"/> ETV <input type="checkbox"/> Helicopter <input type="checkbox"/>			
First Aid gear Location:			
ETV location:			ETV Inspected: Yes <input type="checkbox"/> No <input type="checkbox"/>
Primary mode of evacuation: Helicopter <input type="checkbox"/> ETV <input type="checkbox"/> Boat <input type="checkbox"/> Other:			
Location of heli evacuation site:			Number of onsite workers:
Cell service in area: Yes <input type="checkbox"/> No <input type="checkbox"/>		Satellite Device onsite: Yes <input type="checkbox"/> No <input type="checkbox"/> Location:	
Barriers which may prevent First Aid from being provided:			
Injuries likely to occur:			
Nearest hospital and travel time:			
Directions from nearest hospital to Block:			
Directions from block to nearest hospital:			

**Emergency Contacts**

Name	Phone
Helicopter 1 company:	
Helicopter 2 company:	
Nearest Hospital:	
BC Ambulance / RCMP:	Dial 9-1-1
<b>Forest Fire Reporting: 1-800-663-5555</b>	<b>WorkSafeBC Emergency Reporting: 1-888-621-7233</b>
Licensee:	
Prime Contractor:	
Falling Supervisor:	
Alternate Supervisor:	
Other:	

**Initial Safety Meeting Discussion**

<b>Crew Detail</b>				
Supervisor Name:		Signature:		
Alternate supervisor(s):				
Location of other crews and equipment in area:				
Contact person, company name and channel for other crews in area:				
<b>Safety Procedures</b>				
<b>Ribbon Colours:</b> Access Trails:		Hazards:	Boundary:	Other:
<b>Fallers have a current map:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Prescription attached and reviewed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Falling method:</b> Hand <input type="checkbox"/> Mechanical <input type="checkbox"/>		<b>Yarding Method:</b> RW <input type="checkbox"/> Hoe chuck <input type="checkbox"/> G/Y <input type="checkbox"/> Helicopter <input type="checkbox"/>		
<b>Bucking prescription:</b>				
<b>Fire Equipment onsite:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <b>Location:</b>				
<b>Hazardous Conditions Discussion</b>				
Wind <input type="checkbox"/> Rainfall <input type="checkbox"/> Snow <input type="checkbox"/> Fog <input type="checkbox"/> Slope stability <input type="checkbox"/> Avalanche <input type="checkbox"/> Other:				
<b>Alternate falling means available:</b> Machine assist <input type="checkbox"/> No work zones <input type="checkbox"/> Jacking <input type="checkbox"/> Blasting <input type="checkbox"/> Other:				
<b>Procedures and contacts for alternate falling means (list in space below):</b>				
<b>Traffic Control Discussion</b>				
Logging road <input type="checkbox"/> Public road <input type="checkbox"/> Public access via trails <input type="checkbox"/> Other:				
<b>Traffic control systems:</b> Sign and Rope <input type="checkbox"/> Flagger <input type="checkbox"/> Radio Control <input type="checkbox"/> Other:				
<b>Description:</b>				

**Notes:** (consider man checks, faller placement and the process of what to do in case of an emergency)

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**EMERGENCY RESPONSE & BLOCK PLAN**

Known Block Risks and Hazards (may be identified on Hazard Map):			
<input type="checkbox"/> Avalanche Zone	<input type="checkbox"/> Rock Fall Hazard	<input type="checkbox"/> Frozen Wood	Blast Rock
<input type="checkbox"/> No Entry Zones	<input type="checkbox"/> Sink Holes and Karst	<input type="checkbox"/> Brushed Timber	Other:
<input type="checkbox"/> Rock Bluffs	<input type="checkbox"/> Windfall Areas	<input type="checkbox"/> Slides Area	
<input type="checkbox"/> Unstable Terrain	<input type="checkbox"/> Communication Issues	<input type="checkbox"/> Unstable Root Systems	
<input type="checkbox"/> Steep Terrain	<input type="checkbox"/> Radio Dead Zones	<input type="checkbox"/> Road Side Debris	
<input type="checkbox"/> Blasting Zone	<input type="checkbox"/> Steep Grade	<input type="checkbox"/> Isolated Block	
<input type="checkbox"/> Danger Tree(s)	<input type="checkbox"/> Burnt Timber	Phase Congestion	
<input type="checkbox"/> Powerlines	<input type="checkbox"/> Bug Kill	Weather Conditions	

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

**IDENTIFIED SPECIFIC HAZARDS OR PROBLEMS (Attach pictures as needed)**

1.	
2.	
3.	
4.	
5.	

**REQUIRED CORRECTIVE ACTION**

1.	
2.	
3.	
4.	
5.	

**CORRECTIVE ACTIONS COMPLETED**

#	Date	By whom	Notes
1.			
2.			
3.			
4.			
5.			

## Safe Work Procedures (SWPs) for Hand Falling and Bucking

- Access to fallers within a two tree length area of active falling is to be roped off and gated. SWPs are to be followed at all times when entering and exiting any active falling areas. Chainsaw to remain shut off after giving clearance for someone to enter your work area. All active access trails to falling areas are to be brushed out and ribboned.
- Proper PPE must be worn and maintained at all times. Appropriate falling tools must be used and maintained. Appropriate wedging tools must be readily available at the base of every tree being fell.
- The pushing of trees may only be done to overcome a falling difficulty. Domino falling is *unacceptable!* The SWP's as written in WorkSafeBC OHS Regulation 26.24 (6) must be followed.
- All hazard trees are to be fallen progressively into open areas. Go up and assess hazard trees above you. Call your supervisor or partner for qualified assistance as needed. Bypassed hazard trees are *unacceptable!*
- All fallers workmanship must meet or exceed the minimum acceptable standards set by WSBC. This includes ensuring the undercut is cleaned out without a Dutchman, that the back cut is placed higher than the undercut and not carelessly cutting off the corners of holding wood. Unnecessary brushing of timber is *unacceptable!*
- If a cut - up tree must be left, call supervisor and inform all workers who may come across it. Leave a roped falling sign indicating that there is a cut up tree. (Do Not Enter) Ribbon off a safe work area around the tree as required.
- All fallers are to establish escape trails and clear 10 feet preferably to a safe cover spot when falling EVERY tree.
- Alternate falling means must be available to *all* fallers at *all* times. IE; blasting, machine assist, no work zones.
- Know the adverse weather conditions shutdown criteria for your area and never work beyond your personal comfort levels.
- Two tree length rule in effect at *ALL* times for fallers and all other workers in the area.
- Fallers are to follow all SWPs for bucking including not going below fell and bucked to buck, clearing escape routes, bucking at pivot points where possible and completing all bucking cuts. Incomplete bucking cuts must be marked and noted. Buck windfalls for safety as needed. *Never* go behind a bucked off root wad.
- Qualified assistance must be readily available to *all* fallers at *all* times. Fallers must have an effective means to summon qualified assistance as needed. All fallers must know who they are responsible for checking with and must be within 10 minutes surface travel time of their partner. Checks must be done at a minimum of 30 minute intervals. Lift earmuffs and listen for partner continually throughout the day every time your chainsaw is shut off.
- If doing checks by radio, say the actual time you will be doing your next check. If your partner does not answer, check the channel on your radio and try again. If still no answer, wait up to 5 minutes and try again. If still no answer, shut down, inform the crew that your partner is not responding and start walking towards him.

***Refer to the BCFTS Info Flips for an in depth review of hand falling and bucking standards.  
Refer to the WSBC Regulations for the legal requirements that must be met by all workplaces.***

### **“STOP FALLING” and call supervisor if:**

- Qualified assistance is needed
- Phase congestion becomes an issue
- The prescription cannot be followed as written or to report any EMS infractions (trespassing, etc.)
- There is a need to discuss any safety issues (falling incident, unsafe falling situation etc.).

## EMERGENCY RESPONSE & BLOCK PLAN

By signing below, I verify that I have reviewed and understand this Site Specific Block Plan and SWP for Handfalling and Bucking

Name	Date	Name	Date

### Changes to Workplace Plan and Visitor Orientation

<p><b>Identify new hazards and changes to the block. Describe details of new updated controls. Take into consideration the items listed below:</b></p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <ul style="list-style-type: none"> <li>- Traffic control / signage and gating</li> <li>- Introduction of or coordination of phases/people/machinery</li> <li>- First Aid Coverage/Fire Equipment/ETV Relocation</li> <li>- Man check changes</li> </ul> </td> <td style="width: 50%; vertical-align: top; border: none;"> <ul style="list-style-type: none"> <li>- <b>Onsite Visitors</b></li> <li>- Emergency Response Plan</li> <li>- Radio Frequency changes</li> <li>- Safe working distances/blast zones</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>- Traffic control / signage and gating</li> <li>- Introduction of or coordination of phases/people/machinery</li> <li>- First Aid Coverage/Fire Equipment/ETV Relocation</li> <li>- Man check changes</li> </ul>	<ul style="list-style-type: none"> <li>- <b>Onsite Visitors</b></li> <li>- Emergency Response Plan</li> <li>- Radio Frequency changes</li> <li>- Safe working distances/blast zones</li> </ul>
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<p><b>Visitors to this site MUST: 1) Wear appropriate PPE 2) Review and sign off on the block plan 3) ALWAYS be accompanied by qualified personnel while in active work areas. Details of onsite visitor to be filled out below.</b></p>		

DATE	CHANGES TO WORKPLACE	INITIAL

