

Risk Based Faller Field Inspection

Faller:	Supervisor:	Date:
Company:	Landowner:	Location:
Timber Type: <input type="checkbox"/> Old Growth <input type="checkbox"/> Second Growth	Slope: <input type="checkbox"/> <30 <input type="checkbox"/> <60 <input type="checkbox"/> >60	Harvesting Method: <input type="checkbox"/> Hoe Chuck <input type="checkbox"/> R/W <input type="checkbox"/> G/Y <input type="checkbox"/> Heli <input type="checkbox"/> Cable

Site Inspection Details: Faller inspections are to be completed in time intervals appropriate to the risk. This inspection is intended to be used as part of a series of inspections over time to ensure that the faller is consistently meeting the standard of the BCFTS. Supervisors are encouraged to spend time observing their fallers working in order to evaluate their decisions and processes.

<input type="checkbox"/> Observed Falling	<input type="checkbox"/> Discussion Visit Only	Corrective Action Follow Up <input type="checkbox"/> Yes <input type="checkbox"/> No
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Previous Inspection Corrective Actions to be Addressed: N/A

Fallers must demonstrate knowledge of the following:

<input type="checkbox"/> ERP	<input type="checkbox"/> First Aid Procedures	<input type="checkbox"/> Qualified Assistance	<input type="checkbox"/> Alternate Falling Means
<input type="checkbox"/> Falling Plan	<input type="checkbox"/> Site Specific Hazards	<input type="checkbox"/> Man-Checks	<input type="checkbox"/>

Comment:

Standards Observed During this Visit: "Only" mark the sections that were observed or discussed during this visit. Refer to the BCFTS guidance document for the standards required to mark meeting for each section.

Observations	M	N/M	Observations	M	N/M	Special Falling Techniques	Discuss	M	N/M
PPE	<input type="checkbox"/>	<input type="checkbox"/>	Chainsaw Handling	<input type="checkbox"/>	<input type="checkbox"/>	Pushing/Limb-Tied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical and Mental Well Being	<input type="checkbox"/>	<input type="checkbox"/>	Plan, Construct and Use Escape Routes	<input type="checkbox"/>	<input type="checkbox"/>	Small diameter against the lean (<i>Backcut 1st</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Falling Area	<input type="checkbox"/>	<input type="checkbox"/>	Falling the Tree	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Leaner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Axe, Wedges	<input type="checkbox"/>	<input type="checkbox"/>	Stump Quality	<input type="checkbox"/>	<input type="checkbox"/>	Short Stubby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	Wedging SWP	<input type="checkbox"/>	<input type="checkbox"/>	Upslope Falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Staging Area	<input type="checkbox"/>	<input type="checkbox"/>	Limbing and Taping	<input type="checkbox"/>	<input type="checkbox"/>	Re-Fall Cut-up Tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazards and Planning	<input type="checkbox"/>	<input type="checkbox"/>	Bucking	<input type="checkbox"/>	<input type="checkbox"/>	Danger Trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Designated High Risk Violations: Hand Falling or Bucking

Ask faller to recite the High Risk Violations. Check boxes of all that the faller answers correctly.

<input type="checkbox"/> Failing to prepare safe/appropriate escape route	<input type="checkbox"/> Excess pushing/Domino Falling
<input type="checkbox"/> Failing to use pre-determined escape routes	<input type="checkbox"/> Brushing of standing trees where brushing can be avoided
<input type="checkbox"/> Unacceptable stump quality Wedging tools not immediately available	<input type="checkbox"/> Leaving partially cut trees, unless done in accordance with the OHS regulation
<input type="checkbox"/> Danger trees are not fell progressively	<input type="checkbox"/> Working within two tree lengths of a tree being felled

Deficiencies Observed and Corrective Actions Required:
High Risk Violations Observed Automatically Default to a Risk Rating of High and Require a Follow Up.

1	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Procedures	Risk Rating:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Deficiency:						
Corrective Action: Follow up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No						

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Deficiencies observed and Corrective Actions required:

High Risk Violations Observed Automatically Default to a Risk Rating of High and Require a Follow Up.

2	<input type="checkbox"/> Knowledge <input type="checkbox"/> Procedures	Risk Rating:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input checked="" type="checkbox"/> High
Deficiency:					
Corrective Action:					
					Follow up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

3	<input type="checkbox"/> Knowledge <input type="checkbox"/> Procedures	Risk Rating:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input checked="" type="checkbox"/> High
Deficiency:					
Corrective Action:					
					Follow up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Procedures	Risk Rating:	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input checked="" type="checkbox"/> High
Deficiency:					
Corrective Action:					
					Follow up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No

Notes: Consider documenting the process of the inspection. What you saw and what you discussed. Note if previous corrective actions were adhered to or if further action is required. Also note positive observations.

Stumps: If supervisor requires evidence of stump quality during inspection, it can be captured here

Stump #	Tree Species	Ground Slope %	Dia. Inches	B/C Inches	U/C Inches	UC %	U/C Type	U/C Opening	Backstep High side	Backstep Low side	Score A or U
1											
2											
3											

Faller Signature:	Supervisor Signature:
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