

BCFSC Office Use Only:	Date Received:	Report Number:	Number of Accepted Reports on File:
Report is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Not Approved in last 5 Reports Comment:			
Verifier Name:	Verifier Signature:	Date Reviewed:	

Trainee Name:			Employer Name:			
Employer Contact Information:	Phone:			Email:		
Trainer Name:				Trainer's BCFSC Faller ID #:		
Date Range of Training Report:	Start:			End:		
				Year:		
Nearest Town:			Block #:			Number of Days Worked:
Geographical Location:	<input type="checkbox"/> South/Mid Coast <input type="checkbox"/> North Coast/Haida Gwaii <input type="checkbox"/> Vancouver Island <input type="checkbox"/> Peace <input type="checkbox"/> Thompson/Okanagan <input type="checkbox"/> Omineca/Skeena <input type="checkbox"/> Kootenays <input type="checkbox"/> Cariboo					
Timber Type:	<input type="checkbox"/> Old Growth <input type="checkbox"/> Second Growth	Slope:	<input type="checkbox"/> Less than 30% <input type="checkbox"/> 30-60% <input type="checkbox"/> Over 60%			
Diameter:	<input type="checkbox"/> 6 - 12" <input type="checkbox"/> 12 - 18" <input type="checkbox"/> 18 - 24" <input type="checkbox"/> 24 - 36" <input type="checkbox"/> Over 36"					
Harvesting Method:	<input type="checkbox"/> Cable <input type="checkbox"/> Hoe Chuck <input type="checkbox"/> Heli <input type="checkbox"/> R/W <input type="checkbox"/> Skid <input type="checkbox"/> Other <i>If other, please explain:</i>					
Industry:	<input type="checkbox"/> Forestry/Production <input type="checkbox"/> Oil and Gas <input type="checkbox"/> BCWS <input type="checkbox"/> Other <i>If other, please explain:</i>					
Description of weekly falling and training plan:						
Is this week's training a new or different: Timber type or terrain: <input type="checkbox"/> Yes <input type="checkbox"/> No Harvesting method: <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:						

- The person supervising a trainee must evaluate the trainee's work on a weekly basis and keep records of all inspections.
- A minimum of 20 approved reports within a 2 year time period is required by BCFSC. The total reports must indicate that a minimum of 90 days of training took place and that it was in a forestry/production type setting.
 - The last 5 reports MUST indicate the trainee worked on and is consistently meeting ALL parts of the BCFTS.
 - After having 20 approved training reports on file, the trainee may request that their trainer complete the Supervisor/Trainer Declaration on page 4 indicating that the trainee is ready to challenge for faller certification.
 - The BCFSC will arrange a minimum of 3 quality assurance visits during the training. These visits are intended to monitor training progression and offer support as needed to the trainer and trainee.
 - The reports are to be completed by the trainer, signed, and dated and by both the trainer and trainee.
 - Submitted incomplete reports may be returned for correction or possibly disqualified, at the discretion of the BCFSC verifier.
 - Only fallers certified with the BCFSC are permitted to complete and sign the report as the trainer.
 - Training reports must be submitted to the BCFSC within 2 months of the work taking place or will not be accepted.

A copy of completed weekly reports can be submitted to the BC Forest Safety Council by either:

- Email: faller@bcforestsafe.org
- Fax to the BCFSC Nanaimo office: (250) 741-1068

Questions? Contact the BC Forest Safety Council toll-free at 1-877-741-1060 or by email at faller@bcforestsafe.org

Trainees must consistently demonstrate knowledge of the following:

ERP Onsite First Aid Falling Plan Alternate Falling Means Qualified Assistance Man-Checks

Comment:

Observations during this report: *Only* mark the sections that were observed or discussed during this week
Refer to the BCFTS guidance document for the standards required to mark meeting for each section

Observations:	Meeting BCFTS	More training required	Observations:	Meeting BCFTS	More training required
PPE	<input type="checkbox"/>	<input type="checkbox"/>	Manchecks and qualified assistance	<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"/>
Control falling area (<i>signage</i>)	<input type="checkbox"/>	<input type="checkbox"/>	Body position and chainsaw handling	<input type="checkbox"/>	<input type="checkbox"/>
Axe, wedges, chainsaw	<input type="checkbox"/>	<input type="checkbox"/>	Undercuts and backcuts (<i>stumps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Transportation and staging Area	<input type="checkbox"/>	<input type="checkbox"/>	Wedging	<input type="checkbox"/>	<input type="checkbox"/>
Access and egress trails	<input type="checkbox"/>	<input type="checkbox"/>	Bucking (<i>assessment and SWP</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Hazards in the work area, multi-tree planning and tree assessments	<input type="checkbox"/>	<input type="checkbox"/>	Limbing, taping and brushing out	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Special Falling Techniques:

Trainers must discuss the SWP and/or have the trainee demonstrate each special falling technique in time intervals appropriate to the risk. It is not expected that every special falling technique will be demonstrated each week.

Refer to the BCFTS guidance document to reference the acceptable standard for each

Pushing / Limb-Tied	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required
Backcut First	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required
Heavy Leaner	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required
Short Stubby	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required
Upslope Falling	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required
Re-Fall Cut-up Tree	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required
Danger Trees	<input type="checkbox"/> Not worked on	<input type="checkbox"/> Discussed	<input type="checkbox"/> Observed	<input type="checkbox"/> More training required

Comment:

Designated High-Risk Violations: Hand Falling or Bucking			
Ask the trainee to recite the High-Risk Violations. Check boxes of all that the trainee answers correctly.			
<input type="checkbox"/> Failing to prepare safe/appropriate escape route(s)	<input type="checkbox"/> Excess pushing/Domino Falling		
<input type="checkbox"/> Failing to use pre-determined escape route(s)	<input type="checkbox"/> Brushing of standing trees where brushing can be avoided		
<input type="checkbox"/> Failing to use proper falling procedures (<i>acceptable stumps and wedging tools immediately available</i>)	<input type="checkbox"/> Leaving partially cut trees, unless done in accordance with the OHS regulations		
<input type="checkbox"/> Failing to fall danger trees progressively	<input type="checkbox"/> Working within two tree lengths of a tree being felled		

Deficiencies observed and Corrective Actions required:			
Trainer to document any deficiencies or upset conditions that were observed that required the training to stop for a teaching moment or demonstration from the trainer			
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 <input type="checkbox"/> Equipment	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

Deficiencies observed and Corrective Actions required:			
Trainer to document any deficiencies or upset conditions that were observed that required the training to stop for a teaching moment or demonstration from the trainer			
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 <input type="checkbox"/> Equipment	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

Deficiencies observed and Corrective Actions required:			
Trainer to document any deficiencies or upset conditions that were observed that required the training to stop for a teaching moment or demonstration from the trainer			
High Risk Violations Observed Automatically Default to a Risk Rating of High and Require a Follow Up.			
3	<input type="checkbox"/> Knowledge <input type="checkbox"/> Procedures <input type="checkbox"/> Equipment	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

Deficiencies observed and Corrective Actions required:			
Trainer to document any deficiencies or upset conditions that were observed that required the training to stop for a teaching moment or demonstration from the trainer			
High Risk Violations Observed Automatically Default to a Risk Rating of High and Require a Follow Up.			
4	<input type="checkbox"/> Knowledge <input type="checkbox"/> Procedures <input type="checkbox"/> Equipment	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

Trainer Final Comments:

BCFSC Trainer Signature:	Date:
Trainee Signature:	Date:

Supervisor/Trainer Declaration:

Complete the section below **ONLY** after

- Trainee has submitted a minimum of 20 faller trainee weekly training and progress reports that have been approved by the BCFSC Verifier.
- The BCFSC has completed a minimum of 3 quality assurance visits and all identified gap training has been completed.
- Trainer is ready to recommend the trainee for faller certification.

I attest that the trainee’s falling activity meets the standard acceptable to WorkSafeBC and has demonstrated the competence necessary for certification. By recommending the trainee as ready to challenge the BC Forest Safety Council faller certification, I understand that I am confirming the trainee is consistently meeting all parts of the BC Faller Training Standard.

Trainer Name:	Trainee Name:
Trainer Signature:	Date: