

# FALLERS WORK PLAN & INITIAL SAFETY MEETING FORM

(OH&S Regulation 3.16 to 3.18, 4.13 to 4.14, 4.20.2, 26.5, 26.28)

DATE: \_\_\_\_\_

1. Site Detail		GPS Coordinates:	Lat:	Long:
Block name: Road name: Site name:			Licensee: Prime:	
2. Crew Detail				
Supervisor (bull-bucker):		Name:	Signature:	
Alternate supervisor:				
Location of other crews and equipment in area:				
<input type="checkbox"/> PPE appropriate for the job, weather <input type="checkbox"/> Tools appropriate for the job				
3. Communication Procedures				
Man check system:		<input type="checkbox"/> radio	<input type="checkbox"/> sight	<input type="checkbox"/> sound
Radio check-in/check-out		<input type="checkbox"/> 30 minutes	<input type="checkbox"/> 1 hour	<input type="checkbox"/> other:
Faller's Radio frequencies & channel:		Active block:	Road frequency:	
Safe working distance: <input type="checkbox"/> other workers <input type="checkbox"/> machines <input type="checkbox"/> helicopters <input type="checkbox"/> power lines <input type="checkbox"/> roads <input type="checkbox"/> other:				
4. Current Map				
Harvesting commitments attached		<input type="checkbox"/> YES	<input type="checkbox"/> NO	NOTES:
Sensitive areas (wetlands)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	NOTES:
Creeks/RMA requirements		<input type="checkbox"/> YES	<input type="checkbox"/> NO	NOTES:
Boundaries/Flagging tape colour system:				
<input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input type="checkbox"/> ORANGE <input type="checkbox"/> BLUE				
5. Hazardous Weather Conditions				
<input type="checkbox"/> 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:				
6. Safety Concerns				
Site-specific safe work procedures:				
7. First Aid Coverage				
<input type="checkbox"/> Emergency Response plan reviewed				
8. Special Procedures				
<input type="checkbox"/> fall away/yard away		<input type="checkbox"/> variable retention		
<input type="checkbox"/> dangerous tree		<input type="checkbox"/> blasting		
<input type="checkbox"/> leave trees		<input type="checkbox"/> jacking		
<input type="checkbox"/> no work zones		<input type="checkbox"/> line pull		
<input type="checkbox"/> wildlife tree patches		<input type="checkbox"/> machine-assisted		
9. Falling Method				
<input type="checkbox"/> hand falling <input type="checkbox"/> mechanized falling				

**10. Yarding & Loading Method**

<input type="checkbox"/> skyline	<input type="checkbox"/> chokers & grapple
<input type="checkbox"/> conventional	<input type="checkbox"/> ground skidding
<input type="checkbox"/> grapple yarding	<input type="checkbox"/> landing locations
<input type="checkbox"/> hoe chucking	<input type="checkbox"/> roadside
<input type="checkbox"/> heavy lift helicopters	<input type="checkbox"/> bucking prescription

**Location & Type of Equipment**

--

**11. Traffic Control**

logging road     public road     public access via trails

Location of traffic control systems:

<input type="checkbox"/> flagger in place	
<input type="checkbox"/> signage	
<input type="checkbox"/> radio control access	
<input type="checkbox"/> other:	

**12. Environmental Management Systems**

Discuss spill plans                      Location of spill equipment: \_\_\_\_\_

**Safety Meeting Attendees:**

Date	Supervisor Initial:	Attendees:		

**Notes:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---