

ERP Cover Page/Personal ERP

Worksite Number:		Road Name:	
Latitude:		Longitude:	
Primary Radio Channels and Frequencies:	Name: Frequency:	Name: Frequency:	Name: Frequency:
Designated First Aid Attendant (s)	Name: Level: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Name: Level: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
Supervisor:		Alternate:	
How to contact First Aid:			
On-site first aid: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Stretcher kit <input type="checkbox"/> ETV <input type="checkbox"/> Helicopter <input type="checkbox"/> Dressing Station			
Location(s):			
What to do in the event of an emergency: Include required site-specific radio channels and muster location (<i>safe zone</i>)			
Contact person, contact information, and instructions for additional assistance if needed			
Work area is helicopter evacuation dependent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, crew is required to communicate with the helicopter company each day before starting work</i>			
Helicopter Company			Phone Number
Helicopter 1 Company:			
Helicopter 2 Company:			
Additional Information:			

What to do in the event of an emergency: (*General*)

“Stay Calm”

- Shut down
- Call First Aid and Supervisor and inform them that there is an emergency
- State your name and exact location
- State the number of injured and the nature of the injuries. Do not say the name of the injured person
- Ensure the scene is safe and that there is no further danger to you or the injured person
- Do not leave the injured worker unattended
- Have someone monitor radio for communications
- Be prepared to assist when directed by the first aid attendant
- The first aid attendant (*with consent of the injured worker*) will make the decision on whether the worker should be transported to medical aid. The attendant’s decision of treatment/transport must not be overruled by the employer or supervisor. The attendant does not have the authority to overrule a worker’s decision to seek medical attention

ERP

Forest Fire Reporting: 1-800-663-5555 WorkSafeBC Emergency Reporting: 1-888-621-7233

Emergency Contacts	Phone Number
BC Ambulance/RCMP:	9-1-1
Nearest Hospital / Ambulance Station:	
Licensee:	
Prime Contractor:	
Falling Supervisor:	
Alternate Supervisor:	
Other:	

Cell Service in area: Yes No **Satellite Device Onsite:** Yes No

Description, Location(s), Instructions:

First Aid Assessment for High Hazard Worksite

Number of workers onsite: 2-5 6-9 10-19 20-49

OHS First Aid required: Basic Intermediate Advanced Stretcher kit ETV Dressing Station

Surface Travel time to nearest ambulance station: **Remote Location:** Yes No

Directions to and from nearest ambulance station: **Map attached:** Yes No

To nearest ambulance station from work site:

To work site from nearest ambulance station:

Primary mode of evacuation: ETV Helicopter Boat Other:

Describe method of evacuation and transportation from injury site to ambulance station:

If helicopter used as primary source of evacuation, N/A

- Pre-medivac plan has been sent to helicopter company(s)
- Communication is current with helicopter company(s). Communication at the start and end of each workday
- Plan in place if helicopter medivac is/becomes unavailable.

Location of helicopter evacuation site: N/A **Marked on a map:** Yes No

Injuries likely to occur: Slips Trips Falls Struck by Crush Cuts Other:

Comment:

Barriers that may prevent First Aid being provided: Weather Isolated site location Road conditions
 Emergency event Access to faller locations Number of helpers readily available Other:

Comment/Controls:

Initial Safety Meeting Discussion

Notice of Project submitted to WorkSafeBC: Yes No N/A

**Note*: A Notice of Project is required to be submitted to WSBC for all forestry operations lasting more than 5 working days*

Other activities or phases which may be present in work area: N/A

Road Construction Hauling Processing Y&L Engineering Mechanical Falling Other:

Comment:

Location of other crews and equipment in work area: N/A

Marked on a map: Yes No

Contact person(s), and company name(s) for other crews in work area: N/A

Contact procedures, and radio frequencies for other crews in work area: N/A

Ribbon Colours	Access Trails:	Hazard/NWZ:	Boundary:
	Centerline:	Creeks:	Other:

Fallers have a current map: Yes No **Prescription attached and reviewed:** Yes No

Falling method: Hand Mechanical **Harvesting method:** R/W Hoe chuck G/Y Helicopter

Bucking prescription:

Environmental Conditions: *(Discuss hazards, risk levels, shutdown criteria, controls in place)*

Wind Rainfall Snow Fog Slope stability Avalanche Heat Cold Other:

Controls:

Fire Equipment onsite: Yes No N/A

Comment:

Alternate falling means available: Machine assist No work zones Jacking Blasting Other:

Comment:

Procedures and contact names to access alternate falling means:

Traffic Control:

Logging road Public road Public access via trails Other:

Traffic control systems: Sign and Rope Flagger Radio Control Other:

Instructions for entering falling area: *(Include radio channel(s) being used)*

Notes: *(consider partner checks, faller placement, muster point location):*

Site Hazard Assessment

Site Specific Hazards:

All active openings must have a Hazard Assessment completed. Specific hazards may be identified on a Hazard Map. All identified hazards must have a risk rating and control in place.

Danger Trees: N/A Risk Level Low Med High

Description & Controls:

Production Pressure: N/A Risk Level Low Med High

Description & Controls:

Steep Terrain: (*rocky, broken ground*) N/A Risk Level Low Med High

Description & Controls:

Windfall: N/A Risk Level Low Med High

Description & Controls:

Stand Condition: N/A Risk Level Low Med High

Description & Controls:

Roadside Construction Hazards: N/A Risk Level Low Med High

Description & Controls:

Faller Locations: N/A Risk Level Low Med High

Description & Controls:

Phase Integration/Congestion: N/A Risk Level Low Med High

Description & Controls:

Public Interaction: N/A Risk Level Low Med High

Description & Controls:

Adverse Weather: N/A Risk Level Low Med High

Description & Controls:

Site Specific Hazards cont.:	
Faller Tiering:	<input type="checkbox"/> N/A Risk Level <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Description & Controls:	
Human Factors: <i>(Crew experience, mindset, on-site training)</i>	<input type="checkbox"/> N/A Risk Level <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Description & Controls:	
Other: <i>(Describe)</i>	<input type="checkbox"/> N/A Risk Level <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Description & Controls:	
Other: <i>(Describe)</i>	<input type="checkbox"/> N/A Risk Level <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Description & Controls:	
Additional tools and equipment that may be required to be available onsite:	
<input type="checkbox"/> Falling Jack <input type="checkbox"/> Long Bar <input type="checkbox"/> Fall Restraint <input type="checkbox"/> Machine Assist <input type="checkbox"/> Other:	
Comment:	
Date of Site Hazard Inspection:	Completed By:
Identified Specific Site Hazards <i>(Attach pictures as needed)</i>	
Marked on a map: <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.	
2.	
3.	
4.	
Required Corrective Actions	
1.	
2.	
3.	
4.	
Completed	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Safe Work Procedures for Hand Falling and Bucking

- Access to fallers within a two-tree length area of active falling is to be roped off and gated. SWP's 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 active work area. All active access trails to falling areas are to be cleared out, well-marked and their location must be shared with first aid.
- Proper PPE must be worn and maintained at all times. All hi-vis clothing must meet the current standard. 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 WorkSafe OHS Regulation 26.24 (6) must be followed.
- All danger trees are to be fallen progressively into open areas. Danger trees must be assessed before working in the area made hazardous by them. Call your supervisor or partner for qualified assistance as needed. Bypassed danger trees are *unacceptable!*
- All fallers workmanship must meet or exceed the minimum acceptable standards in the OHS regulations. This includes ensuring sufficient undercuts are cleaned out and are without a dutchman. Backcut is placed higher than the undercut. Sufficient holding wood (at a minimum on both corners) is maintained. Unnecessary brushing of timber is *unacceptable!*
- If a cut-up tree must be left, call the 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. i.e., blasting, machine assist, falling jack, 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 is in effect at **ALL** times for fallers and any other workers in the area.
- Fallers are to follow all SWP's 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 or below 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 your 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 there is 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 OHS Regulations for the legal requirements that must be met in 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.*).

Falling Plan and Sign Off

General Falling Plan: Describe the activity and the planned sequence of how work will develop. The plan should include the location of equipment and personnel in the work area. Any changes to the plan or risk levels must be documented and communicated using the Changes to Falling Plan or The Daily Falling Plan document.

Visitor Orientation:

- Must sign in with Supervisor and be accompanied by qualified personnel while in active work areas at all times
- Must be wearing appropriate PPE
- Must review and sign off on the current ERP and work plan

Visitor Name	Initial	Date	Visitor Name	Initial	Date

Worker Signoff:

- I verify that I have reviewed this site-specific work plan and understand the hand falling safe work procedures.
- All reasonable hazards, risks and controls have been reviewed with me.

Worker Name	Initial	Date	Worker Name	Initial	Date

