

ERP Cover Page/Personal ERP

Block Number:	Road Name:		
Latitude:	Longitude:		
Primary Radio Channels and Frequencies:	Name:	Name:	Name:
	Frequency:	Frequency:	Frequency:
First Aid Attendant(s):			
Onsite First Aid Gear and Location:			
Supervisor:		Alternate:	
What to do in the event of an emergency: Include required <i>site-specific</i> communication procedures, channels, and muster location (safe zone)			
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:			

<p>What to do in the event of an emergency: (General)</p> <p style="color: red;">“Stay Calm”</p> <ul style="list-style-type: none"> Shut down Call First Aid and Supervisor and inform them you have 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
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ERP, First Aid Assessment

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:			
Licensee:			
Prime Contractor:			
Falling Supervisor:			
Alternate Supervisor:			
Other:			
Cell Service in area: <input type="checkbox"/> Yes <input type="checkbox"/> No		Satellite Device Onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description and Location:			
Travel time to nearest medical facility:			
Directions to and from nearest medical facility:			Map attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
To nearest medical facility from work site:			
To work site from nearest medical facility:			
Primary mode of evacuation: <input type="checkbox"/> Helicopter <input type="checkbox"/> ETV <input type="checkbox"/> Boat <input type="checkbox"/> Other:			
Describe plan for method of transportation from work area to medical facility:			
If helicopter used as primary source of evacuation, <input type="checkbox"/> N/A			
<input type="checkbox"/> Pre-medivac plan has been sent to helicopter company(s) <input type="checkbox"/> Communication is current with helicopter company(s). Communication at the start and end of each workday. <input type="checkbox"/> Helipads are clearly marked on hillside and locations identified on a map <input type="checkbox"/> Plan in place if helicopter medivac is/becomes unavailable. (<i>Describe plan below</i>)			
Comment:			
Location of helicopter evacuation site:			Marked on a map: <input type="checkbox"/> Yes <input type="checkbox"/> No
Comment:			
Nearest ETV location:			ETV Inspected: <input type="checkbox"/> Yes <input type="checkbox"/> No
Available First Aid gear on-site: <input type="checkbox"/> 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			
Injuries likely to occur: <input type="checkbox"/> Slips <input type="checkbox"/> Trips <input type="checkbox"/> Falls <input type="checkbox"/> Struck by <input type="checkbox"/> Crush <input type="checkbox"/> Cuts <input type="checkbox"/> Other:			
Comment:			
Barriers that may prevent First Aid being provided: <input type="checkbox"/> Weather <input type="checkbox"/> Isolated block location <input type="checkbox"/> Road conditions			
<input type="checkbox"/> Emergency event <input type="checkbox"/> Faller locations <input type="checkbox"/> Other:			
Comment/Controls:			
Number of workers onsite: <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-200			
Minimum OHS First Aid required for high-risk activity: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 3 <input type="checkbox"/> ETV <input type="checkbox"/> Stretcher kit			
Comment:			

Initial Safety Meeting Discussion

Notice of Project submitted to WorkSafeBC: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>*Note: A Notice of Project is required to be submitted to WSBC for all forestry operations lasting more than 5 working days</i>			
Other activities or phases which may be present in work area: <input type="checkbox"/> N/A <input type="checkbox"/> Road Construction <input type="checkbox"/> Hauling <input type="checkbox"/> Processing <input type="checkbox"/> Y&L <input type="checkbox"/> Engineering <input type="checkbox"/> Mechanical Falling <input type="checkbox"/> Other: Comment:			
Location of other crews and equipment in work area: <input type="checkbox"/> N/A		Marked on a map: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact person(s), and company name(s) for other crews in work area: <input type="checkbox"/> N/A			
Contact procedures, and radio frequencies for other crews in work area: <input type="checkbox"/> N/A			
Ribbon Colours	Access Trails:	Hazard/NWZ:	Boundary:
	Centerline:	Creeks:	Other:
Fallers have a current map: <input type="checkbox"/> Yes <input type="checkbox"/> No		Prescription attached and reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Falling method: <input type="checkbox"/> Hand <input type="checkbox"/> Mechanical		Harvesting Method: <input type="checkbox"/> R/W <input type="checkbox"/> Hoe chuck <input type="checkbox"/> G/Y <input type="checkbox"/> Helicopter	
Bucking prescription:			
Environmental Conditions: <i>(Discuss hazards, risk levels, shutdown criteria, controls in place)</i>			
<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"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Other: Controls:			
Fire Equipment onsite: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Comment:			
Alternate falling means available: <input type="checkbox"/> Machine assist <input type="checkbox"/> No work zones <input type="checkbox"/> Jacking <input type="checkbox"/> Blasting <input type="checkbox"/> Other: Comment:			
Procedures and contact names to access alternate falling means:			
Traffic Control:			
<input type="checkbox"/> Logging road <input type="checkbox"/> Public road <input type="checkbox"/> Public access via trails <input type="checkbox"/> Other:			
Traffic control systems: <input type="checkbox"/> Sign and Rope <input type="checkbox"/> Flagger <input type="checkbox"/> Radio Control <input type="checkbox"/> Other:			
Instructions for entering falling area: <i>(Include radio channel(s) being used)</i>			
Notes: <i>(consider man checks, faller placement, muster point location):</i>			

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.			
<input type="checkbox"/> Danger Trees:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Production Pressure:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Steep Terrain: (<i>rocky, broken ground</i>)	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Windfall:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Stand Condition:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls::			
<input type="checkbox"/> Roadside Construction Hazards:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Faller Locations:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Phase Integration/Congestion:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Public Interaction:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			
<input type="checkbox"/> Adverse Weather:	Risk Level:	Low: <input type="checkbox"/>	Med: <input type="checkbox"/> High: <input type="checkbox"/>
Description & Controls:			

Site Specific Hazards cont.:

Faller Tiering: Risk Level: **Low:** **Med:** **High:**

Description & Controls:

Human Factors: (*Crew experience, mindset, on-site training*) Risk Level: **Low:** **Med:** **High:**

Description & Controls:

Other: (*Describe*) Risk Level: **Low:** **Med:** **High:**

Description & Controls:

Other: (*Describe*) Risk Level: **Low:** **Med:** **High:**

Description & Controls:

Additional tools and equipment that may be required to be available onsite:

Falling Jack Long Bar Fall Restraint Machine Assist Other:
Comment:

Date of Site Hazard Inspection: _____ Completed By: _____

Identified Specific Site Hazards (Attach pictures as needed) Marked on a map: Yes No

1.	
2.	
3.	
4.	

Required Corrective Actions Completed

1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>

Safe Work Procedures (SWP's) 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 WorkSafeBC 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 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

