

PHASE HAND OFF CHECKLIST

Date: _____

Operation: _____

Prime Contractor: _____

Block #: _____

Road: _____

Phase: R/W

Block

Falling Type: Hand

Mechanical

Objective	Yes	No	Comments
Risk assessment completed			
Falling complete prior to other phase starting			
All hazards & related activity addressed or identified to contractor or company crew responsible for the next phase in the block			
Hazards noted but not addressed; beyond the scope or capability of current phase contractor			

Items Checked & Acceptable	Yes	No	N/A	Comments
1 Danger trees removed				
2 Heli pads inspected				
3 Ditches & culverts functioning				
4 Prescriptions followed: Streams				
5 Prescriptions followed: Machine Free Zone				
6 Prescriptions followed: Retention				
7 Prescriptions followed?				
8 Hazards noted on maps & communicated to:				
9 Hazards noted on maps & communicated to Prime on the following date: _____				

Comments

Corrective Action Log				
AP#	Priority	Action Item	Responsibility	Due Date

Faller Rep (name): _____ Signature: _____ Date: _____

Next Phase Rep (name): _____ Signature: _____ Date: _____