

Post Falling Phase Handoff

Block #:	Road:	Road:			Prime:			
Falling Company:	Harvesting Method:	Harvesting Method:			Falling Type:			
		☐ Cable ☐ R/W ☐ Heli ☐ Ground			l Hand	☐ Mecha	anical	
Falling Supervisor:	Li Cable Li 17/77		Handoff Recipient:		i i iaiiu	☐ IVICCIT	arricar	
anning Supervisor.			mandon Recipient.					
Falling completed prior to	o next phase starting:					□ Y □ I	N 🗆 N/A	
Comment:								
Remaining hazards communicated to next phase and identified on a map:								
Post falling risk assessm	ent completed:					□ Y □ N	I □ N/A	
If yes, date completed:	•							
Comment:								
Compative Action Low			0	D = 1'		□ Mad	E III.	
Hazard:	(Hazards needing to be addre	ess	ed) Hazard Risk	Rating:	□ Low	☐ Med	☐ High	
nazaru.								
Corrective Action:								
Completed: □: Y □: N	By whom:			Date:				
	_ ,							
Corrective Action Log:	(Hazards needing to be addre		ed) Hazard Risk F	Pating	☐ Low	☐ Med	☐ High	
Hazard:	(nazarus needing to be addre	:55	eu) Hazaiu Kisk r	valing.		□ IVICU	□ Iligii	
Tracara.								
Corrective Action:								
Completed: □: Y □: N	By whom:			Date:				
Completed. . I . II	by whom.			Date.				
Additional Comments:								
Additional Comments.								
Falling Supervisor Signature:				Date:				
Handoff Recipient Signature:			Date:					
1				I				