

Post Falling Phase Handoff

Block #:	Road:	Prime:
Falling Company:	Harvesting Method: <input type="checkbox"/> Cable <input type="checkbox"/> R/W <input type="checkbox"/> Heli <input type="checkbox"/> Ground	Falling Type: <input type="checkbox"/> Hand <input type="checkbox"/> Mechanical
Falling Supervisor:		Handoff Recipient:
Falling completed prior to next phase starting: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Comment:		
Remaining hazards communicated to next phase and identified on a map: <i>(Copy of completed map to be supplied with phase handoff document)</i> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Post falling risk assessment completed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <i>If yes, date completed:</i>		
Comment:		
Corrective Action Log: (Hazards needing to be addressed)	Hazard Risk Rating:	<input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Hazard:		
Corrective Action:		
Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	By whom:	Date:
Corrective Action Log: (Hazards needing to be addressed)		
Hazard:		
Corrective Action:		
Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	By whom:	Date:
Additional Comments:		
Falling Supervisor Signature:		Date:
Handoff Recipient Signature:		Date: