

PRE-WORK MEETING WITH CLIENT

NOTE: The client is the representative of whoever is giving you the work: employer, a licensee, or any other contract owner.

Licensee / Client:	Meeting Date:
Company Rep:	Falling Supervisor:
Prime Supervisor:	Area:
Company Contact Person:	Block:

Off-site meeting activities to complete:

		Done	Result / Notes
1. Map			
1.1	Obtain maps of the block(s)	<input type="checkbox"/>	
1.2	Understand everything on the map	<input type="checkbox"/>	
1.3	Identify hazards on the map and resolve any issues with the client	<input type="checkbox"/>	
2. Schedule/Logistics			
2.1	Confirm that timelines/deadlines can be safely met	<input type="checkbox"/>	
2.2	Confirm Notice of Project arrangements	<input type="checkbox"/>	
3. Other Phases			
3.1	Determine other phases; timelines and contact information.	<input type="checkbox"/>	
3.2	Confirm that other phases and activities do not cause undue safety concerns	<input type="checkbox"/>	
4. Emergency Response			
4.1	Obtain helicopter emergency evacuation information	<input type="checkbox"/>	
4.2	Obtain radio frequencies for road and block	<input type="checkbox"/>	
4.3	Obtain client emergency contact information	<input type="checkbox"/>	
4.4	Discuss other safety & first aid coverage	<input type="checkbox"/>	

On-site meeting activities to complete:

	Meeting date:		
Licensee Rep:	Supervisor:		
5. Field Confirmation			
5.1	Review the map in the field with the client	<input type="checkbox"/>	
5.2	Walk the block and confirm the falling corners with the client	<input type="checkbox"/>	
5.3	Test helicopter response contact information from the block	<input type="checkbox"/>	
5.4	Test the road radio frequency	<input type="checkbox"/>	
5.6	Test the client's emergency contact	<input type="checkbox"/>	
5.7	Identify any conflicts or hazards that become obvious and agree with client on hazard control measures	<input type="checkbox"/>	
6. Other Information			
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

Supervisor's Signature: _____

Licensee Rep's Signature: _____