

# SUPERVISOR'S TRANSFER OF RESPONSIBILITY FORM

*Use this checklist when you become unavailable to supervise your crew.*

**Note:** The Occupational Health and Safety Regulation (WorkSafeBC) requires that there must be a supervisor available and every supervisor must be qualified. You must satisfy yourself that the person you are leaving in charge is qualified.

Name of Falling Supervisor who will be off-site:		Name of Chargehand accepting responsibility:	
Period of time supervisor expects to be off site:		____ / ____ / ____ / ____ - ____ / ____ / ____ / ____ <small>time day month year TO time day month year</small>	
<b>Supervisor's contact information while absent:</b>			
Radio:		Cell:	Phone:
Email:		Second Emergency Contact:	
<b>Chargehand Has Been Briefed in:</b>		<b>Details:</b>	
<input type="checkbox"/> Complete ERP reviewed and discussed			
<input type="checkbox"/> Client's name and contact information			
<b>Crew Information</b>			
<input type="checkbox"/> Name and qualifications of each faller <input type="checkbox"/> Location of each faller <input type="checkbox"/> Correct PPE to do the job <input type="checkbox"/> Trainees and trainers <input type="checkbox"/> Details of man check <input type="checkbox"/> Qualified assistance <input type="checkbox"/> Human factor concerns <input type="checkbox"/> Any other issues for any fallers (physical or mental)			
<b>Falling Plan and Map</b>			
<input type="checkbox"/> Aware of location details of work site <input type="checkbox"/> Reviewed falling site hazard assessment <input type="checkbox"/> Information about uncontrolled hazards facing any fallers <input type="checkbox"/> Information about other phases in the area <input type="checkbox"/> Information about other activity in the area			
<b>Communications</b>			
<input type="checkbox"/> Inspection / observation <input type="checkbox"/> Emergency communication plan <input type="checkbox"/> Radio frequencies <input type="checkbox"/> Backup plan <input type="checkbox"/> Location of keys to all equipment, gates, buildings, vehicles, etc.			
<b>Fire Procedures</b>			
<input type="checkbox"/> Identify trained personnel <input type="checkbox"/> Location of firefighting equipment <input type="checkbox"/> Emergency contact information			
<b>Blasting</b>			
<input type="checkbox"/> Identify danger tree blaster(s) on crew <input type="checkbox"/> How to acquire blasting equipment <input type="checkbox"/> Contact information for other danger tree blasters			
<b>Other notes:</b>			

Falling Supervisor Signature: \_\_\_\_\_

Chargehand Signature: \_\_\_\_\_