

Falling Supervisor Transfer of Responsibility

OHS Regulation 26.22.1 requires that a qualified supervisor must be designated for all falling and associated bucking activities in a forestry operation.

This form is to be used when a falling supervisor will become unavailable to supervise the falling crew.

Falling supervisor who will be off-site:		Qualified falling supervisor accepting responsibility:	
Period of time supervisor will be off site:	From:	To:	
Supervisor's contact information while off-site:			
Cell:		Phone:	
Radio Channel:		Email:	
Second Emergency Contact:	Name:	Cell:	

Falling Supervisor Has Been Briefed On:		
<input type="checkbox"/> Emergency Response Plan(s)	<input type="checkbox"/> Communication Procedures	<input type="checkbox"/> Training Taking Place
<input type="checkbox"/> Hazards and Risk Levels	<input type="checkbox"/> Other Phases and Contacts	<input type="checkbox"/> Alternate Falling Means
<input type="checkbox"/> First Aid Resources	<input type="checkbox"/> Fallers Names and Locations	<input type="checkbox"/> EMS System
<input type="checkbox"/> First Aid / Evacuation Procedures	<input type="checkbox"/> Current Falling Plan	<input type="checkbox"/> Faller Inspection Process
Other:		

Relief Supervisors Responsibilities Will Include:	
<input type="checkbox"/> ERP Management	<input type="checkbox"/> Phase Integration Management
<input type="checkbox"/> First Aid procedure Management	<input type="checkbox"/> Qualified Assistance Management
<input type="checkbox"/> Faller Placement	<input type="checkbox"/> Faller Inspections
<input type="checkbox"/> Daily Pre-Work Meetings	<input type="checkbox"/> Safety Meetings
<input type="checkbox"/> Keeping Site Safety Plan current	<input type="checkbox"/> Management of onsite faller training
<input type="checkbox"/> Other: <i>(Please Explain)</i>	

Comments:

Falling Supervisor Signature:	Date:
Relief Supervisor Signature:	Date: