



## Project Work plan and Hazard Assessment Checklist 14-1

*For use on BCTS Worksites where no other independent employer controls the worksite, for these sites see Checklist 18-1, 19-1, 23-1. Purpose: For use on internal BCTS projects and where BCTS will reside in industrial camps to support the work or project (i.e. Burning with BCTS/OPS staff, where no other contractor or prime contractor are).*

Work Details				
Project Name:				
Work Site Location (Latitude and Longitude):				
Physical Location:				
On site Supervisor:		Call Sign:	Cell #:	
Alternative Supervisor:		Call Sign :	Cell #:	
First Aid Attendants:				
Emergency Telephone Numbers				
<b>Ambulance</b>	<b>911 or</b>	<b>PEP</b>	<b>1-800-663-3456</b>	
<b>RCMP</b>	<b>911 or</b>	<b>Hospital</b>		
<b>Fire Department</b>	<b>911 or</b>	<b>Gas Leaks</b>		
<b>WSBC</b>	<b>1-866-922-9221</b>	<b>WSBC (after hours)</b>	<b>604-273-7711</b>	
<b>Poison Control Center</b>	<b>1-800-567-8911</b>	<b>Reporting Fire</b>	<b>1-800-663-9911</b>	
<b>Helicopter</b>				
Onsite Radio Frequencies:				
Road Radio Frequencies:				
First Aid Assessment				
Hazard Rating from Assigned Hazard Rating List <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				
Job Functions, Work Processes and Tools:				
Type of Injuries that can potentially occur:				
<input type="checkbox"/> Amputation	<input type="checkbox"/> Burn	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Infection
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Concussion	<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Scratch / Abrasion
<input type="checkbox"/> Bruise	<input type="checkbox"/> Cut / Puncture	<input type="checkbox"/> Foreign Object	<input type="checkbox"/> Hernia	<input type="checkbox"/> Sprain / Strain
<input type="checkbox"/> Other				
Hazard Rating Adjustment (if yes provide documentation ) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Overall Work Site Hazard Rating <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High				
Surface Travel Time to Hospital : <input type="checkbox"/> 20 minutes or Less <input type="checkbox"/> Greater than 20 minutes				
Total numbers of workers per shift:				
Any Barriers to First Aid:				
Assessment Results for High Hazard Rating (bracketed number = # of workers):				



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Pre-work Hazard Assessment			
Overhead hazards (snags, power lines)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Road Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No
Steep Slopes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Heavy Slash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dangerous Terrain (gullies, ridges, cliffs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Weather Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unstable Surfaces (wet, soft)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wildlife	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wind throw	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mines / Electrical / Pipelines	<input type="checkbox"/> Yes <input type="checkbox"/> No
Camp to be used by BCTS staff is known to meet acceptable accommodation standards?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Not- Confirm Camp Food Prep, Domestic Water, Waste management, general condition and location is satisfactory upon arrival or prior to stay!			
Other Risks or Hazards on site:			
Corrective Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre-work Safety Meeting			
Pre-work Hazard Assessment Report and Corrective action reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency response plan reviewed and available:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Aid personnel and location of first aid equipment supplies reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Personnel protective equipment requirements reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Safe Work Procedures reviewed:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Discussion:			
Personnel Attending Meeting			
<b>Name</b>	<b>Signature</b>		
<b>Name</b>	<b>Signature</b>		
<b>Name</b>	<b>Signature</b>		
<b>Name</b>	<b>Signature</b>		
<b>Name</b>	<b>Signature</b>		
<b>Name</b>	<b>Signature</b>		
<b>Supervisor Name</b>	<b>Signature</b>		
<b>Date:</b>			