



NRO Safety Operational Plan

Activity: _____ **Date:** _____

For use in safety planning for projects (See associated Procedure for definition of Projects)

Part A: Pre-Work Record (mandatory)

Work Details			
Nature of Project:			
Work Site Location (Latitude and Longitude):			
Physical Location: (Add Map Link if available)			
On site Supervisor: (If applicable)	Call Sign:	Cell #:	
Alternative Supervisor: (If applicable)	Call Sign :	Cell #:	
First Aid Attendants:			
Safety Check in: (Person, method)	Interval:	Radio Frequency/Cell #'s	
Pre-work Safety Meeting			
Copy of Plan/Routes to each member	Yes	No	
Copy of Plan/Routes to Safety check – in	Yes	No	
Project Plan, Goals and Objectives reviewed	Yes	No	
Safe Work/Check-in Procedures reviewed:	Yes	No	
NRO Risk Evaluation	Yes	No	
Personal protective equipment requirements reviewed:	Yes	No	
First Aid personnel and location of first aid equipment supplies reviewed:	Yes	No	
Contingency Plan (emergency response) reviewed and available:	Yes	No	
Notify RCMP/other agencies that project is planned	Yes	No	
Other Discussion:			
Personnel			
Name	Agency	Call sign	Signature
Name	Agency	Call sign	Signature
Name	Agency	Call sign	Signature
Name	Agency	Call sign	Signature
Name	Agency	Call sign	Signature
Name	Agency	Call sign	Signature
Supervisor Name	Agency	Call sign	Signature
Date:			



NRO Safety Operational Plan

Emergency Telephone Numbers			
Ambulance	911 or	PEP	1-800-663-3456
RCMP	911 or	Hospital	
COS (cell)		Gas Leaks	
Fire Department	911 or	WSBC (after hours)	1-866-922-4357
WSBC	1-888-621-7233	Reporting Wildfires	1-800-663-5555 or *5555
Poison Control Center	1-800-567-8911	Helicopter	
Onsite (tactical) Radio Frequencies:			
Road Radio Frequencies:			
COS Radio Frequencies:			
MFR Repeater Radio Frequencies:			

Participants			
	Name	Role	Contact (cell#/ freq)
NROs			
Conservation Officers			
RCMP Officers			
Other Participants: (Lands, Mines, MTCA, CVSE, WorkSafe BC, etc.)			



NRO Safety Operational Plan

Part B: Project Plan

Location Photographs and Sketch of site (if applicable) For example, a sketch of a set-up for a Road Check should show where signage will be placed, vehicles will be parked, vehicles will be pulled over, and the location where staff will be positioned:

Goal:

Objective:

Site Description:



NRO Safety Operational Plan

Contingency Plan
<p>In case of an unexpected emergency, all operations are to cease immediately until issue has been addressed. In the event of violence, disengage and/or call for back-up (phone 911 RCMP/COS directly or via dispatch).</p>
<p>In case of medical emergency, assist the 1st Aid attendant by phoning 911 (BC Ambulance) directly or via dispatch. Have ready information in regard to specific location or address, number injured, level of injury and/or mechanism of injury, access issues (i.e. 4 wheel drive required), landing area for helicopter. Do not provide names of injured persons over the radio. Consider stationing staff at key road junctions to provide directions to ambulance.</p>
<p>Describe at what point and how do operations cease and staff disengage: For example: If vehicle traffic becomes congested due to check stop, the traffic direction Officer (point) must notify all other Officers via radio and wave through traffic with no inspections to avoid hazardous risk.</p> <p>Comments:</p>
<p>Other:</p>

Project Plan Sign off / Approval (required for O/T approval)	
Prepared by :	Date:
Submitted by: (Field Unit Supervisor)	Date:
Approved by: (Regional C&E Manager/Provincial C&E Manager)	Date:



NRO Safety Operational Plan

Activity: _____ Date: _____

For use in safety planning for projects (See associated Procedure for definition of Projects)

Part D – Safety Debrief.

Project Debrief
Positive Results:
Challenges:
Changes for next time:
Incidents of Safety concern: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
Violent Incidents ? : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details and fill out Incident Report Form:
Share results / statistics with other agencies in attendance : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:

Completed by: _____