

FIELD SAFETY PLAN

INCIDENT #/PROJECT:				DATE:				
1. Site Detail	Work Area GPS Coordinate			Lat:		Long:		
	<input type="checkbox"/> Staging	<input type="checkbox"/> Helipad	_____ GPS Coord	Lat:		Long:		
Worksite Geographic:			Road Directions from Closest Town:					
2. Crew Detail							Call Sign	Frequency
Supervisor/IC		Name:		Phone:				
Alternate		Name:		Phone:				
Resource:		Assignment:						
Resource:		Assignment:						
Resource:		Assignment:						
Resource:		Assignment:						
Medevac Helicopter:		Type:		Grounding Time:			Total # of Workers	
3. Weather								
Forecast		Temp	RH	FFMC	Wind Speed/Direction	Precipitation/Fog		
	Current							
	Forecast							
4. Fire Behaviour				Not Applicable <input type="checkbox"/>		Behaviour Forecast Briefing Delivered <input type="checkbox"/>		
Fuel:	Weather:	Topo:	Wind:	Predicted Fire Behaviour:				
5. Operations								
Detailed Description of Overall Objectives (<i>consider task, purpose, end state</i>)								
				Trigger Points Discussed: <input type="checkbox"/> Contingency Plan in Place: <input type="checkbox"/>				
Flagging Colour used				Special Markings				
Access/Escape		No Work Zones		Describe:				
Trail		Assessed						
Danger Tree		Other						
Lookout				Not Applicable: <input type="checkbox"/>		Call Sign	Check-in Frequency	
Geographic								
GPS	Lat:		Long:					
Anchor point							Not Applicable: <input type="checkbox"/>	
Describe:								
Communications								
Ground		Repeater		Secondary		Air		
Check in	Site: <input type="checkbox"/>	Radio: <input type="checkbox"/>	Other: <input type="checkbox"/>	Check-in intervals: (30 mins/2hrs)				
Road Channels		1:	2:	Equipment Channel:				
Escape Routes								
Escape Route 1:								
Escape Route 2:								
Safe Zone								
Geographic:				Lat:		Long:		

6. First Aid Coverage				
First Aid Attendants	OFA Level	Call Sign	Simplex	Repeater
1)				
2)				
Onsite Emergency Supervisor <i>(if unavailable, contact Fire Centre or 911 directly)</i>				
1)				
Medevac Helicopter: <i>(Fire Centre may advise of alternate aircraft)</i>	Type:	Grounding Time:		
Location of ETV Vehicle (6 people on site require ETV)		Location of First Aid Supplies:		

7. Travel to Medical Aid		
Heli pad / Extraction Point GPS	Lat:	Long:
Basket Stretcher Travel Time	FA Equipment to Injured Worker:	Travel Time to Extraction Point:
Flagging Colour Used	Escape Routes:	Safety Zones:
Location of Closest Hospital <i>(Fire Centre may advise alternate hospital):</i>		<input type="checkbox"/> Helipad @ Hospital
Travel Time to Closest Hospital	Ground:	Air:

8. Hazard Assessment						
<input type="checkbox"/> Weather	<input type="checkbox"/> Slope	<input type="checkbox"/> Unstable Rock	<input type="checkbox"/> Power Lines	<input type="checkbox"/> Radio Dead Zones	<input type="checkbox"/> H2S	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Traffic	<input type="checkbox"/> Heli Pad	<input type="checkbox"/> Hover Exit	<input type="checkbox"/> Air Tanker	<input type="checkbox"/> Long Line & Bucketing	<input type="checkbox"/> 4X4 Access	<input type="checkbox"/> Remote Worksite
Falling Ops	<input type="checkbox"/> Size	<input type="checkbox"/> Wind _____	<input type="checkbox"/> Slope	<input type="checkbox"/> Danger Trees/ Ha	<input type="checkbox"/> Timber Type	<input type="checkbox"/> Safe Work Distances
Danger Trees	<input type="checkbox"/> High BUI	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Terrain	<input type="checkbox"/> Mechanical Damage	<input type="checkbox"/> Marking	<input type="checkbox"/> Other

Hazard:	Control Measure: (Refer to OSWS, BC Faller Safety Info Flips , DTA Manual and SOP's to control hazards checked above)

First Aid Prep	<input type="checkbox"/> Increase F/A Transport Requirement	<input type="checkbox"/> ETV	<input type="checkbox"/> Heli Support	<input type="checkbox"/> Dressing Station	<input type="checkbox"/> Other
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9. Emergency Response Procedures	Speak Clearly - Stay Calm
<ul style="list-style-type: none"> Ensure you and the accident scene are safe Contact your Supervisor - BLOW YOUR WHISTLE LOUDLY Do not move or leave the injured worker unless there is a high risk of further injury Contact First Aid attendant and request appropriate first aid equipment to be transported to the scene Communicate location and condition of the injured worker. Documentation for injured workers assessment and vital signs will be in the first aid kit Be prepared to assist in packaging and transport of injured worker. Ensure that the trail used for transport is cleared, scouted and flagged Assign someone to monitor the radio for communications and provide safety contacts with updates 	<p>When contacting Fire Centre note the following:</p> <ul style="list-style-type: none"> Location – Geographic and GPS Best means of communication: (Radio/Phone/Sat # or frequency) Number of injured workers (DO NOT USE NAMES) Who is administrating first aid? OFA 3? Gender and age of injured worker(s) Description of injury Injured worker's level of consciousness Is the injured worker breathing? Rate? Brief description of the accident

10. Sign Off	
HAS EVERYONE ON THE MANIFEST RECEIVED A FIELD SAFETY PLAN BRIEFING? <input type="checkbox"/>	Briefing Complete @ ____ hours
Briefing Delivered By:	Signature: