



Faller Site Hazard Assessment Checklist

Purpose: By the end of this procedure, supervisors/fallers should have completed a thorough site overview (hazard assessment) to identify hazards and any potentially dangerous situations prior to falling any trees. (Use check-boxes where provided: ☐)

Instructions / Conditions to Check:

1. Did you identify hazards en route to site? ☐ (list hazards)

2. Did you check for immediate worksite hazards, such as?

- | | |
|-----------------------------------|------------------------------------|
| ✗ Other workers in area | ✗ Stacking of fallers |
| ✗ Equipment in area | ✗ Lack of qualified assistance |
| ✗ Equipment within 2 tree-lengths | ✗ Inadequate first aid coverage |
| ✗ Fallers working too close | ✗ Power Lines, Cables, Pipes |
| ✗ Fallers working in isolation | ✗ Public Access (road, trail), etc |

3. Did you walk through the falling area to recognize and evaluate hazards? ☐ (list hazards)

4. Have dangerous trees been identified by you, in and outside of the falling block? ☐
Are locations of dangerous trees identified on map and referenced by falling corner? ☐

(Any tree that is hazardous to the worker because of location, lean, physical damage, overhead hazards, deterioration of limbs, stem or root systems – or a combination of these. Could also include hanging limbs, jackpot or mechanical damage)

5. Did you check for overhead hazards, such as?

- ☐ Brushed trees
- ☐ Hung up trees
- ☐ Limb-tied trees
- ☐ Snag tops
- ☐ Determine predominant lean of trees

6. Difficult trees: Have you identified them? ☐

7. Did you check for ground hazards, such as?

- ☐ Pulled up roots
- ☐ Holes
- ☐ Blowdown
- ☐ Stumps
- ☐ Slope & terrain

8. Other hazards: Have they been identified, such as?

- ☐ Different tree species issues
- ☐ Fire impacted
- ☐ Insects, beetles
- ☐ Weather-related issues (blowdown, wind, rain, snow, fog)

9. Have any certain specific hazards been identified during your assessment that require special attention? ☐

(eg - qualified assistance, blasting, machine assist or other alternative means)

Has the *Hazard Report Form* Corrective Action Log (CAL) been completed? ☐

Faller and Supervisor have assessed site hazards and acknowledge by signing below:

Faller: _____ **Date** _____

Supervisor: _____ **Date** _____