HARVESTING OPERATIONS – SAFETY INSPECTION CHECKLIST

To be completed and faxed to the Pan Pac Forests Office no later than 3 working days after the end of the month sent out. (RANDOM ONLY)

Crew Name _____ **Contractor** _____

Month _____ **Inspected By** _____

WORKERS NAMES													MACHINES				
SAWS													**MACHINES TYPE**				
Safety Devices													Wire rope condition				
Muffler / Exhaust													Fire Gear (secured)				
Side Plates/Covers Intact													Exhaust				
Approved Fuel Containers													Safety Frame				
Correct Starting Techniques													Handbrake				
PERSONAL EQUIPMENT													Washdown if required				
Helmet													ROPS/FOPS Cert.				
Earmuffs are appropriate grade													No hose Leaks				
Safety chaps and trousers													Seatbelts being used				
Safety boots													**CREW VEHICLES**				
FELLING													WOF / COF				
Correct Felling Techniques													Current Registration				
Wedges and Hammer													First Aid Kit				
Fire Extinguisher													Fire Gear (secured)				

HAULERS (where app.)				**BREAKING OUT**	
Communication system / frequency		Brakes hold and release		Safe position/Signalling where req.	
Guy rope placement		Blocks, sheaves condition		Correct extraction sequence	
Skyline deflection		Working under people		No Overloading	
Secure guys and anchors		Carriage and drums		Chain / strop placement	
SKID SITES				**SIGNS**	
Stems stable on deck		Layout/Maintenance safe zone		On job and used correctly	
No Trimming on stacks		Trees around skid site felled		Crew location signs	
Man-machine interaction O.K		Correct cutting/trimming position		Logging operation	
				Tree felling	
				Road closed within 2 tree lengths	

GENERAL

Accident register		Emergency procedure label by radio	
Safety policy		Number of “advanced” first aiders in crew	
Hazard identification manual		All new employees inducted	
Hazard ID/Prescript. current for block		Workers hold unit standard for task	
Regular safety meetings		MBIE approved health & safety programme (achiever status)	
Radio telephone coverage/Crew emergency site location		Equipment & fuel separate from passengers	
Site cleanliness and tidiness/Rubbish container		Approved fuel drums / auto shutoff valves	

Items to be corrected	Action Rating	Person responsible for correction	Date to be completed	Signature on completion

Comments: