

Initial Safety Meeting Checklist

The initial safety meeting is a requirement before beginning work at a new worksite. All of the hazards and concerns discovered in the supervisor's site risk assessment must be discussed at the initial safety meeting and a plan developed to deal with any anticipated risks.

1. Site and Crew Detail	
Date	
Location (block name, road name, site name)	
Harvesting method	
Falling method	
Other methods to be employed	<i>Example road building, blasting.</i>
Current Site Map	<i>List any restrictions</i>
Access and egress trails	
Location of other crew(s) in the area	
GPS coordinates	
Supervisor	
Alternate Supervisor	
Crew Members	
2. Personal Protective Equipment (PPE) and Appropriate Tools	
PPE required on site	
PPE additional job specific	
3. Communication Procedures	
Man check system	
Location of other crews and equipment in area	
Radio check-in/check-out	
Radio frequencies	
Cell phone coverage	

4. First Aid Coverage	
First Aid attendant	
Location of First Aid supplies	
Emergency phone numbers	
Designated emergency facility	
Designated aircraft/heli	
Phone/Radio number of aircraft/heli	
5. Environmental Management System	
Spills – Discuss contingency plan	
Location of spill equipment	
6. Fire Hazard Information	
Fire regulations, MoFR	
Location of fire equipment	
Response Plan (e.g. fire truck, water tank)	
Specific firefighting procedures	
Current trained personnel	
7. Potential Hazardous Weather Conditions	
Wind, rain, fog, snow, avalanche.	

8. Safety Concerns	
Review site-specific Safe Work Procedures; Review hazards from activities, e.g. – blasting, or people working close by.	List:
9. Special Procedures	
Review special procedures required on site, example steep slope.	List:
10. Other Concerns or Hazards	
Windthrow, slope stability, rock outcroppings, loose rocks, sink holes, spring sap flow, roaring waterways, roadside hazards, wildlife tree patch, snow depth and load, power lines, other industry activities (e.g. quarry, oil & gas, etc.), low flying aircraft.	List:

Follow-up Required:

Identified Problem	Required Corrective Action	By Whom	By When	Date Done
Supervisor Name: _____ Signature: _____				