

THE PAIRATAHI TRUST - Safety Behavioural Observation Checklist

Name: _____

Date: _____

Location: _____

Equipment: _____

Personal Safety Equipment

- 1 Hi Viz safety helmet
- 2 Hi Viz clothing
- 3 Graded earmuffs (< 85db see ACOP)
- 4 Safety footwear - support, no spikes
- 5 Gloves
- 6 Seat belt good condition and used
- 7 First aid kit
- 8 Safety eyewear as required
- 9 RT communication - all required channels, serviceable condition
- 10 Certified Protective Structures - ROPS, FOPS, OPS incl side intrusion
- 11 Carry sufficient hydration supply, clean and able to be used for first aid
- 12 Regulation 'in green' fire extinguisher
- 13 UV protection - eyes and skin

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Hazards and Management

- 14 Two 30 minute rest breaks scheduled and taken - p26 BPG Mobile Plant
- 15 Doors and windows shut - as practical
- 16 Uses 5 - 10 second micro pauses (rests) - takes hands off controls
- 17 Access/egress to machine - 3 points
- 18 Night lighting in working order - used
- 19 Cleanliness - rubbish/debris removed from cab/other risk areas
- 20 Checks prescription for hazards
- 21 Re-fuel/greasing safety, Flammable liquids not stored on machine
- 22 Maintains 4m from all powerlines

Hazards and Management (cont.)

- 23 Maintenance guideline followed p33 BPG Mobile Plant
- 24 Operator qualified/experienced for job
- 25 Felling signs, road closure in place
- 26 Inspects tyres/wheels or tracks daily
- 27 12 mm Polycarbonate fitted, Catcher in place - chain shot
- 28 All ergonomic features functional
- 29 Machine safety features functional
- 30 Machine properly guarded - guarding secure

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Machine Operation

- 31 Start-up/shut-down procedures for machine type p38 BPG Mobile Plant
- 32 Optimal load size/tree size in relation to machine size/capacity
- 33 Slope management - up/down not cross hill, does not work on fill.
- 34 Care with side cast, stumps (correctly re-located)
- 35 Unsafe trees felled (roots exposed)

Mechanised Felling/Processing

- 36 Stand/log damage reduced, correct fall direction
- 37 Understands consequences of measuring device slippage
- 38 Tree & log handling minimised
- 39 Knowledge of de-limb knife geometry and sharpening
- 40

Auditor Summary and Feedback

What needs to happen to see an

#	improvement	By when	By whom (full name)	Sign when complete
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

Signed: Contractor

Signed: Employee