

THE PAIRATAHI TRUST

Felling Safe Behavioural Observation Checklist

Name: _____

Date: _____

Location: _____

Equipment: _____

Personal Safety Equipment		Y	N	Assessment and Planning (continued)		Y	N
1	Hi Viz safety helmet			23	Escape route cleared		
2	Hi Viz Clothing			24	Escape route to correct position		
3	Spiked or spurred safety boots			25	Operator qualified for job		
4	Grade 5 earmuffs			26	Recognises and deals with fatigue		
5	Eye protection			27	Felling signs, road closure in place		
6	Leg protection (if using chainsaw)						
7	Hammer				Felling Technique		
8	Has RT when out of sight / contact			28	Good body position		
					Uses/Carries saw in safe manner (not		
9	Makes regular RT communication			29	on shoulder)		
	Carry sufficient aids to do job				Clears around tree (removes vine		
10	(minimum of 3 wedges)			30	undergrowth etc)		
					Makes correct felling cuts/top cut of		
11	Carry sufficient hydration supply			31	scarf first		
12	Gloves/2 large plain wound dressings			32	Checks for over cuts		
13	Fire extinguisher (fire season)			33	Sufficient hinge wood remaining		
14	Chainsaw suitable size and condition			34	Final cut from safe side		
	Assessment and Planning			35	Uses wedges correctly		
15	Conducts hazard check of area				Quarter/Split level cuts are used when		
16	Plans appropriate controls			36	necessary		
				37	Looks up when tree moves		
17	Has felling plan				Uses safe escape route as tree		
18	Assessed trees for lean/direction			38	begins to fall		
19	Checks canopy for hazards			39	Turns saw off, listens for falling objects		
	Decides if machine assistance				Other		
20	required			40	Operator starts chainsaw safely - saw		
21	Pre-plans if a drive is needed				firmly anchored when warm starting.		
22	Observer knows and undertakes						
	duties appropriately						

Auditor Summary and Feedback			
#	What needs to happen to see an improvement	By when	By whom (full name)
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		/ /	
		/ /	
		/ /	
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Signed: Contractor

Signed: Employee