

## Part 1 – Faller Supervisor Checklist Answer Sheet

Date: \_\_\_\_\_ Officer No: \_\_\_\_\_

1. Supervisor's name:	2. Business phone number:
3. Years' experience falling:	4. Years' experience supervising:
5. Certification No:	6. Crew Size:
7. Does the supervisor spend all his time supervising fallers? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. If no, the supervisor also: <input type="checkbox"/> a. <input type="checkbox"/> b. ( <i>specify</i> )
9. Timber Type: <input type="checkbox"/> a. <input type="checkbox"/> b. c. _____	10. Ground Conditions: a. _____ b. Slope % _____
11. Other Certification/ Training <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f.	12. Area Information: a. _____ b. _____ c. _____ d. _____ e. _____
13. Multiple Employer Workplace: <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. O/L name: (includes seismic contractor, permit holder)	15. PC name:
16. F/C name: (includes logging contractor and slashing contractor)	

Faller Supervisor Items			N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
<p><b>N.A.</b> means “not applicable”. <b>N.O.</b> means “not observed”.  <b>O.W.</b> means “order(s) written”. <b>R.R.</b> means “regulation(s) referenced”.  <b>H.R.</b> means “high risk violation”.</p>						
17.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
18.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
20.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
21.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
22.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
23.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
24.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
25.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
26.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
27.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Supervisor Items			N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
28.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
29.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
30.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
31.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
32.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
<b>Working Faller Supervisor Component-Baseline Questions</b>						
33.	<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d.	e. <i>specify</i>				
34.	<i>Tick all answers that apply.</i>					
	<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c.	d. <i>specify</i>				
35.	<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d	e. <i>specify</i>				
36.	<input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c.	d. <i>specify</i>				
37.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
38.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

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## Part 2 – Faller Checklist Answer Sheet

Date: \_\_\_\_\_ Officer No: \_\_\_\_\_

1. Faller's name:	2. Business phone no.:
3. Years' experience falling:	4. Certification No.:
5. Timber Type: <input type="checkbox"/> a. <input type="checkbox"/> b. c. _____ <input type="checkbox"/> d. Same as Part 1	6. Ground Conditions: a. _____ b. Slope % _____ <input type="checkbox"/> c. Same as Part 1
7. Other Certification & Training <input type="checkbox"/> a. <input type="checkbox"/> b. <input type="checkbox"/> c. <input type="checkbox"/> d. <input type="checkbox"/> e. <input type="checkbox"/> f. <input type="checkbox"/> g. Same as Part 1	8. Area Information: a. _____ b. _____ c. _____ d. _____ e. _____ <input type="checkbox"/> f. Same as Part 1
9. O/L name:  <input type="checkbox"/> Same as Part 1	10. PC name:  <input type="checkbox"/> Same as Part 1
11. F/C name:  <input type="checkbox"/> Same as Part 1	12. Other Contractor:  <input type="checkbox"/> Same as Part 1

Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
13.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
14.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
15.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
16.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
17.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
18.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
19.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
20.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
21.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
22.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
23.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
24.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
25.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
26.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
27. H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
28.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	f.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	g.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	h.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
29.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	f.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
30.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
31.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
32.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
33.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
34.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
35. H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
36.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
37. H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
38.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
39.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	f.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	g.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
40.           H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	f.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	g.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	h.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	i.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	j.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
41.  H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	f.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	g.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
42.  H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
43.  H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
44.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
45.  H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
46.  H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
47.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
48.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
49. H.R.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
50.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
51.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


Faller Checklist Answer Sheet (continued)				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
52.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
H.R.	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	e.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	f.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


## Faller Stump Evaluation

Name: \_\_\_\_\_

Stump no.	Tree species	Slope percent	Dia. in.	B/C in.	U/C in.	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
U/C depth percent	U/C type	U/C opening	Back step high side in.	Back step low side in.	C <sup>1</sup> ✓	O.W. <sup>2</sup> or R.R. <sup>2</sup>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

- 1 **C** means compliance. Tick this box if the stump indicates compliance with OHSR 26.24 (5) (a) to (d) (inclusive).
- 2 Add the regulation citation for the order(s) written or regulations referenced (i.e., 26.24 (5) (a), (b), (c), and/or (d)).



**Part 3 – Workplace Accountability Compliance  
Checklist Answer Sheet**

Date: \_\_\_\_\_ Officer No: \_\_\_\_\_

<b>Falling Contractor (FC) Responsibilities</b>							
1. The FC is an:							
a. <input type="checkbox"/>			b. <input type="checkbox"/>				
c. <input type="checkbox"/>			d. <input type="checkbox"/>				
e. <i>specify</i>							
				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
2.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No					

Notes:


## Multiple Employer Workplaces Prime Contractor (PC) Responsibilities

***Do not answer questions 7 to 11 (inclusive) unless you are at a multiple employer worksite.***

7. The PC is an:

a.

b.

c.

d.

e. *specify*

			N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
9.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
10.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
11.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Notes:


## Owner/Licensee (O/L) Responsibilities

				N.A. ✓	N.O. ✓	O.W. ✓	R.R. ✓
12.	a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	c.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
	d.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

### Multiple Employer Workplaces

***Do not answer questions 13 to 18 (inclusive) unless you are at a multiple employer worksite.***

13.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
14.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
15.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
16.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
17.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
18.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

### Certificate of Recognition (COR)

19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
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