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| **Incident Risk Assessment Worksheet** | | | | **1. Incident/Activity Name**  **Use of Handtools** | | | | **2. Location** | | | | | |
| **Identification of Hazards and**  **Risk Assessment** | | | | **3. Name and Title of Analyst** | | | | **4. Date** | | | | | |
| **5. Pre-Mitigation** | | | | | | **6. Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | **7. Post-Mitigation** | | | |
| **8. Hazard** | 9.Hazard Probability | **10. Severity Code** | **11.**  **RAC** | |  | | | | 12.Hazard Probability | | 13. Severity **Code** | 14. RAC | 15. Acceptable **Yes/No** |
| Poor Tool  Maintenance |  |  |  | | * Ensure tools are in good condition which includes: * Handle is free of splinters, excessive paint, and is smooth * Check tool head to ensure no more than 2 wedges are in place * Check tool for play in handle, is so attach tool wedge or discard if 2 or more wedges are in tool * Make sure tool is sharp according to specifications * Teach personnel proper technique in tool sharpening and maintenance | | | |  | |  |  |  |
| Training |  |  |  | | * Ensure all personnel are trained in the proper use of each tool * Spacing of 10 - 12’ while walking in single file, and line construction configuration * Check before swinging tool over shoulders for branches, and other personnel in work area * Teach personnel in technique to limit fatigue in swinging tools * Ensure personnel understand dangers associate with working above/below personnel and teach mitigation measures to reduce exposure * Ensure personnel only use the handtool for its intended purpose * Always carry handtool sheathed when traveling distance greater than 10 chains | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| PPE |  |  |  | | * Always appropriate PPE which includes: * Eye Protection * Hard Hat * Gloves * 8” Leather non-skid boots * Long Sleeve shirt with sleeves rolled down * Nomex, if applicable | | | |  | |  |  |  |
| Fatigue  &  Overexertion |  |  |  | | * Take breaks each hour to limit fatigue * Use weight of tool to accomplish work * Use handtool as it was designed to be used * Use back and larger muscles when digging, chopping, or clearing line * Inform work leader if you are fatigued or request to use another tool, or be replaced in line construction configuration * Drink 1 quart of water each hour to limit exposure to heat related injuries * Use buddy system to monitor personnel of heat related and fatigue issues | | | |  | |  |  |  |
| **Agency Administrators Signature and Date** | | | | | | | **Preparers Signature and Date** | | | | | | |

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| **MEDICAL PLAN** | | Project Name | Date Prepared | | | Name of Preparer | | | |  | | | | | |
| Transportation | | | | | | | | | | | | | | | |
| Ambulance Services | | | | | | | | | | | | | | | |
| Name | Address | | | | | | | Phone | | | | Paramedics  Yes No | | | |
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| Hospitals | | | | | | | | | | | | | | | |
| Name | Location | | | Travel Time  Air Ground | | | Phone | | Helipad  Yes No | | | | Burn Center  Yes No | | |
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| Medical Emergency Procedures | | | | | | | | | | | | | | | |
| **Provide detailed Emergency Medical Procedure for project (Refer to instructions to complete)** | | | | | | | | | | | | | | | |

**Instructions for Completion of Emergency Medical Procedures**

As appropriate the following information should be included in the emergency medical procedures for any staffed project or incident location. The plan must be reviewed and approved by the Agency Administrator.

* Include timeframes (ETEs and ETAs) from and to specific locations
* Include GPS coordinates for key locations such as remote camps, project areas, helispots, etc.
* List all potential evacuation resources and/or equipment that could be used for medical emergency
* Identify other resources and/or equipment (types, capabilities, availability) not assigned to Unit/Agency but possibly available if requested
* Identify contingencies (alternate plan or procedure if the preferred option becomes unavailable or identified resources cannot perform the mission)
* Identify specific concerns by location
* Identify environmental influences or factors and resource status changes that might keep the preferred option from working
* Use the Risk Assessment Worksheet to mitigate lengthy travel times to access Advanced Life Support
* If the primary evacuation plan is to use aviation, then a secondary plan should be identified including time frames for patient extraction

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| **The emergency medical procedures must be communicated to all personnel assigned to the project.**  **RA and Emergency Medical Procedures Acknowledgment** |
| We, the undersigned work leader and crew members, acknowledge participation in the discussion of this RA and accompanying emergency medical procedures. We have thoroughly discussed and understand the provisions of each of these documents:  Date: |

Signature Signature