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| **Incident Risk Assessment Worksheet** | **1. Incident/Activity Name****Mop-up**  | **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** |
| Qualifications&Training |   |   |   | * Personnel will meet physical requirements established for regular firefighting duties with current training and qualifications
* Leadership will meet prescribed burn qualifications as outlined for pile burning
 |   |   |   |   |
| Tailgate Safety Briefing  |   |   |   | * Provide briefings and tailgate safety session prior to operation
* Document briefings on unit log or comparable document
* Determine and clarify mop-up standards for holding/mop-up group
* Explain leadership responsibilities and expectations from group leaders
* Determine hazards,and mitigation protocol to limit exposure
* Discuss expected fire behavior, and plans for an escape
* Discuss weather, Escape Routes, Safety Zones
* Discuss tactical communication plan for firing group, and holding group tactical frequencies
* Discuss Emergency Plan outlined in burn plan and Risk Assessment for burn
 |   |   |   |   |
| **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
* Always wear all nomex
* Fire Shelter
* Hearing protection when working around chainsaws and pumps
* Additional PPE as dictated by local conditions and environment
 |   |   |   |   |
| Mop-up Safety Procedures |   |   |   | * Always maintain an escape route
* Practice LCES & follow standard fire orders and watch out situations
* Maintain communication with other lighters and RX fire ignition specialist
* Portable radios shall be provided to all lighters
* individuals shall be trained in the use handtools
* Be alert to foreign objects dumped in burn pile.
 |   |   |   |   |
| Smoke Exposure&Public Notification |   |   |   | * Identify and mark hazards in the area prior to firing operations
* Use warning lights and provide traffic control on roadways during smoky and night operations
* Contact Dispatch of all firing operations
* Alert locals of firing operations as outlined in burn plan
 |   |   |   |   |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | **Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  Severity**Code** |  RAC | Acceptable**Yes/No** |
| Fatigue&Overexertion |   |   |   | * Drink 1 quart of water each hour during and after work
* Rotate crews out of smoky areas
* Set a reasonable work pace and allow adequate rest breaks while on the project
* Stagger work crews start time to limit fatigue
* Use buddy system to monitor personnel of heat related and fatigue issues
 |   |   |   |   |
| Injury&Medical Emergency |   |   |   | * Assist injured employee appropriate medical care
* Inform direct supervisor of injury
* Follow “Medical Emergency” protocol as outlined in burn plan, and agency specific protocol, and page 49 in IRPG
* Contact Dispatch with appropriate information as required in “Medical Emergency” protocol
* Alert other personnel as outlined in emergency protocol standards
 |   |   |   |   |
| Mop-upHazards |   |   |   | * Do not work above or below personnel during firing and mop-up operations
* Watch for falling and rolling debris on steep slopes
* Alert crew personnel of rolling debris by yelling to affected individuals
* Position debris that could roll vertically on slope to limit rolling of object
* Avoid stepping over debris that could roll by walking around object
 |   |   |   |   |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | **Mitigation or Abatement Action**(Engineering, Administrative, PPE, Avoidance, Education, etc) |  Hazard Probability |  Severity**Code** |  RAC | Acceptable**Yes/No** |
| Mop-upHazards |   |   |   | * Rotate personnel to limit exposure to heat related illness
* Wear eye protection when working with water
* Avoid swinging overhead when personnel are < 10’ away
* Hand check piles only when no smoke is visible and only use back of hand to feel heat prior to hand checking pile
* Look up, down, around for hazard trees, and possible rolling debris,
 |   |   |   |   |
| **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 |
|   |   |  |   |     |
|   |   |  |   |  |
|   |   |  |   |  |
|  Hospitals |
| Name | Location |  Travel Time Air Ground | Phone |  Helipad Yes No |  Burn Center Yes No |
|   |   |   |   |   |   |     |     |   |
|  |  |   |   |   |   |     |  |   |
|   |   |   |   |   |   |  |   |  |
|  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