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| **Incident Risk Assessment Worksheet** | | | | **1. Incident/Activity Name**  **Pile Burning** | | | | **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 | | | |  | |  |  |  |
| Lack of information related to project |  |  |  | | * Provide briefings and tailgate safety session prior to operation * Document briefings on unit log or comparable document * Determine and clarify firing order for firing and holding groups * 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 communication plan for firing group, and holding group tactical frequencies * Discuss Emergency Plan outlined in burn plan and Risk Assessment for burn * Discuss mop-up standards for holding group | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Lack of PPE  or  Improper Use |  |  |  | | * 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 | | | |  | |  |  |  |
| Firing of Piles |  |  |  | | * 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 * Lighters shall be trained in the use of drip torches * Do not fill torches near ignition sources * Do not spill burn mix on clothing * Be alert to foreign objects dumped in burn pile. | | | |  | |  |  |  |
| Fuel Transport  &  Mixing/Filling Process |  |  |  | | * Transport fuel in approved labeled containers secured in vehicle * No smoking within 25 ft. of mixing and filling areas * Do not fill or mix in pick-ups with bed liners * Avoid use of cellular phones around area * Ensure fuel mixture is mixed at 3:1 diesel/gasoline, and tagged on container | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| 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 | | | |  | |  |  |  |
| 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 | | | |  | |  |  |  |
| **Hazard** | Hazard Probability | **Severity Code** | **RAC** | | **Mitigation or Abatement Action**  (Engineering, Administrative, PPE, Avoidance, Education, etc) | | | | Hazard Probability | | Severity **Code** | RAC | Acceptable **Yes/No** |
| Pile Burning Hazards |  |  |  | | * 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 * Do not work directly below any piles that are burning * Avoid radiant heat by wearing appropriate PPE correctly * Use correct tool for task assigned | | | |  | |  |  |  |
| **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