**Nearest Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rescue Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Rescue Kit Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Checklist: We have inspected and considered the following.\***

 PPE  Site Securement  Chipper  Chainsaws  Pruning Tools

 Signage  Climbing Gear  Rigging Gear \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Ladder \_\_\_\_  Personnel  Traffic Control \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If a deficiency that will comprise safety is identified, remove from service and immediately report to supervisor.**

 **Crew Signoff\* (Circle to indicate who is filling out the PRA)**

**JS = John Smith \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TS = Tom Smith ­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PD = Jane Doe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SD = Samantha Doe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*I understand the above document and my designated role(s). I have been given the opportunity to participate in the discussion of the risk assessment, safety, work plan, and mitigation strategies.**

**Risk Assessment Result**

Yes: Work can proceed. Controls and Mitigations have been put in place, and work risk level is considered to be within acceptable levels.

No: Work cannot proceed. Crew does not have the appropriate training or equipment to safely perform the work. Contact Supervisor.

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| --- | --- | --- |
| **Work Type** | **Hazards** | **Targets** |
| **P = Pruning** | **Cr = Crack** | **P = People**  | **B = Buildings** |
| **F = Felling** | **C/D = Cavity/Decay** | **T = Terrain****Specify:** | **R = Road** |
| **SR = Sectional Removal** | **R = Root Issue** | **T = Trails** |
| **RR = Rigging Required** | **Ch = Chicot** | **W = Weather****Specify:** | **P = People** |
| **Pl = Planting** | **H = Hanger** | **A = Animals** |
| **C/B = Cable/Brace** | **Spr = Spring Pole** |  **=** | **U = Understorey** |
| **C = Chipping** | **Sn = Snag** | **S = Septic** |
| **St = Stump Removal** | **DW = Deadwood** |  **=** | **I = Infrastructure** |
|  **=**  | **SD = Storm Damage** | **Eng = Energized Conductor**  |
|  | **Nox = Noxious Plants** |
| **WL = Wildlife** |  **=** | **Gas = Gas Line** |
|  **=** | **Eng = Energized Conductors** |  **=** |
| **Can = Canker** |  **=** |
|  **=** |  **=** |  **=** |

**Tree-specific inspection**

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| **Tree # and Species** | **Arborist and Support** | **Work Type** | **Hazards** | **Targets** | **Hazard Zone Identified and Controlled** | **Mitigations and Controls** | **Risk Assessment** **Result** | **Modifications** |
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| **Tree # and Species** | **Arborist and Support** | **Work Type** | **Hazards** | **Targets** | **Hazard Zone Identified and Controlled** | **Mitigations and Controls** | **Risk Assessment** **Result** | **Modifications** |
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**Notes**