SAFETY & RISK ASSESSMENT REPORT

Provided By:

ARBORICULTURE CANADA TRAINING & EDUCATION LTD

NAME:	Date/s:
Location:	

Emergency Response Plan (E.R.P.)

Location Address:
Nearest Medical Facility:

Site Specific Details
Safe Zone / Muster Location:
Primary Emergency Contact:
Primary On-Site Contact (S.P.O.C.):
Primary Work-Site Communication/s:

General Guidlines - Stay Calm

- Shut down.
- Call **911** and Supervisor and inform them you have an emergency.
- State your name and exact location.
- State the number of injured and the nature of the injuries.
- Ensure the scene is safe and that there is no further danger to you or the injured person.
- Do not leave the injured worker unattended.
- Have someone monitor for communications.
- Be prepared to assist when directed by the first aid attendant.

Provide names and initials for any applicable ROLES as deemed necessary by the personnel available and operation being performed.

ROLES	NAME	INITIAL
Incident Command (I.C.)		
First Aid 1		
First Aid 2		
Caller		
Driver		
Rescue Tech 1		
Fire Warden		
Other:		

Allergies/Medical conditions of individuals or any other E.R.P. details:

Equipment & First Aid Gear On-Site

ON-SITE	EQUIPMENT DETAILS	LOCATION DESCRIPTION
☐	First Aid Kit	
☐	Aerial Rescue Kit	
☐	Fire Extinguisher	
☐	AED	
☐	Other:	
☐		

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A) Work Site Risk Assessment

Check and/or list any applicable hazards, if **Other** please list in space below.

SITE / TERRAIN	WEATHER	TREE/S & VEGETATION	SPECIAL RISK
☐ Buildings	☐ Heat	☐ Deadwood	☐ Noxious Plants
☐ Road/Sidewalk	☐ Cold	☐ Cavity/Decay	☐ Wildlife
☐ Trails	☐ Rain	☐ Root Issue	☐ Bystanders
☐ Power Line/s	☐ Snow	☐ Hanger	☐ Bio-Hazards
☐ Gas Line	☐ Wind	☐ Snag	☐ Other:
☐ Animals	☐ Ice	☐ Spring Pole	
☐ Bystanders (People)	☐ Other:	☐ Heavy Lean	
☐ Other:		☐ Severe Cracking / Split	
		☐ Other:	

Select the overall rating that best encapsulates the entire work site risk.

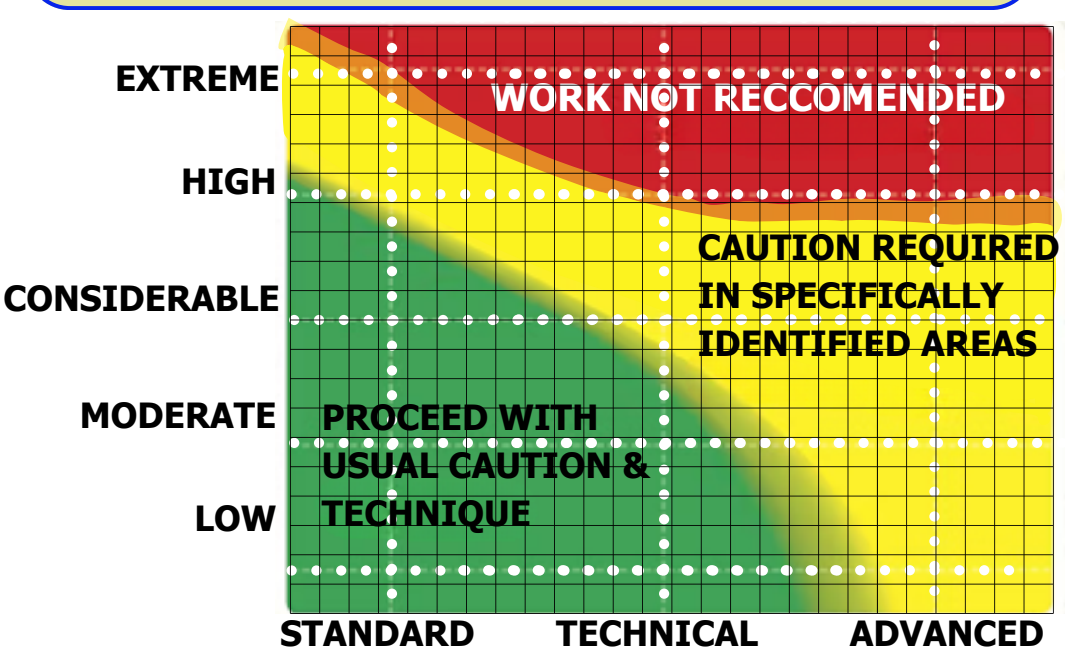
☐ LOW ☐ MODERATE ☐ CONSIDERABLE ☐ HIGH ☐ EXTREME

B) Work Activity

Provide a RATING of:
STANDARD TECHNICAL ADVANCED
for all work activities identified.
Blank spaces can be used to add other activities.

CHECK ALL APPLICABLE		RATING
☐	Assessing / Survey	
☐	Chipping	
☐	Bucking / Limbing	
☐	Pruning	
☐	Climbing	
☐	Aerial Lift	
☐	Tree Felling	
☐	Rigging	
☐	Crane	
☐	Other:	
☐		
☐		

Plot A) Work Site Risk and B) Work Activity Risk
(Use Highest Value From Both)
Point of Intersection = Integrated Risk Assessment



Risk Abatement / Mitigation

Identify, implement, and discuss any and all applicable risk abatement and mitigation tools, techniques and controls used.
Blank spaces can be used to add additional items.

CHECK ALL APPLICABLE	
☐	Job Site Safety Assessment / Breifing
☐	Command - Response Communication Established
☐	All-Stop Protocol Established
☐	Emergency Response Plan (E.R.P.) Established
☐	All Applicable PPA / PPE Being Used
☐	Strike Zones Identified
☐	Exclusion Zones Identified
☐	Drop Zones Identifed
☐	Work Zones Identified
☐	Fly Zones Identified
☐	Chip Zones Identifed
☐	Escape Routes Identified
☐	Other:
☐	

NOTES Provide any further notes regarding final assessment or unique considerations which apply.

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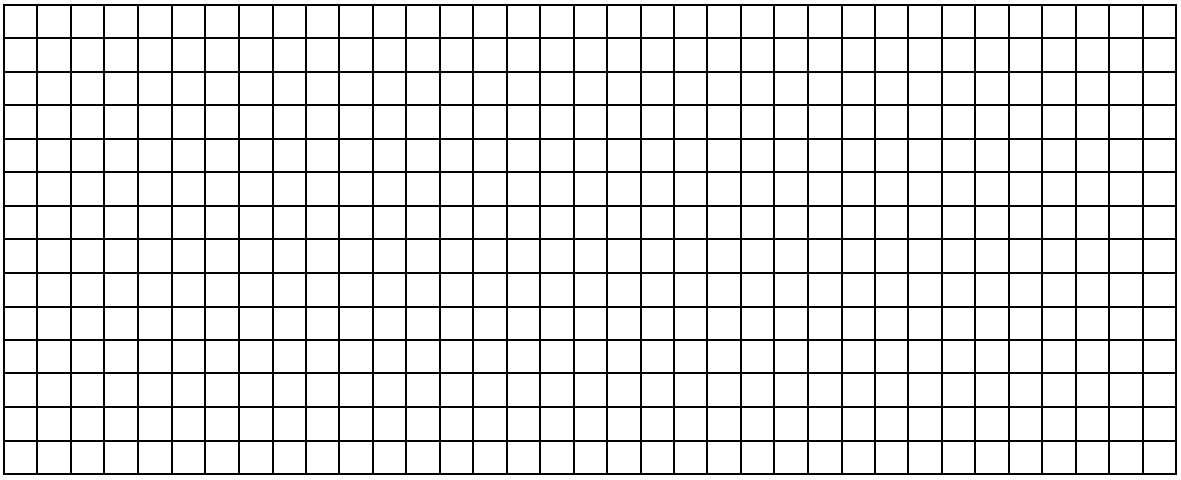
- **Green / Amber / Red:** Hazards/Risk are being discussed and necessary steps taken to eliminate or mitigate any foreseeable risks. Workers sign off on this form stating they are either green, amber, or red. Work will not be commenced until every worker/participant signs off as green – meaning the worker/participant agrees and is confident with the assessment and abatement strategies put in place.
- **Personal Protective Equipment/Apparel (PPE, or PPA):** Is to be worn at all times on the job site/field location, as per company policy.
- **Command-Response Communication Protocol:** Command-Response Communication Protocol has been established and communicated to workers/participants.
- **Notes:** _____
  _____
  _____

Site map



Tree Assessment (Check Applicable)

- ☐ Visual Tree Assessment (tree dynamics, harmonics, tree structure defects, etc.)
- ☐ As per accepted industry practices, trees used for life support have been visually assessed and inspected for risk by a competent arborist. Participants of the program are expected to ensure that an industry accepted pre-work inspection by a qualified arborist is completed before any work commences and continually inspected as work is performed.

Comments and Feedback:

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EQUIPMENT INSPECTION/DOCUMENTATION

Anyone involved in the operation adhere to the assessment & inspection procedures outlined in the company SOP for Assessment & Inspection Procedures of all equipment and gear.

All equipment is inspected:

- annually
- pre operation

Directions for Use: Check the boxes or indicate quantity for the equipment/gear being used. (Any unchecked boxes for gear/equipment means that these items were not used.)

Hardware

	Connecting Links & Carabiners		**Ascent or Decent Control Devices**
	Blocks & Pulleys		**Rigging Devices (Port-Wrap, GRCS, Note the name:**
	Other:		

Software

	Rope		**Webbing**
	Tech and Prusik Cordage		**Straps**
	Slings		**Other**

Hybrids

	Harnesses & Saddles		**Base Anchor Assemblies**
	Canopy Anchor Assemblies (friction saver, multi-saver, etc.)		**Re-directional anchor assemblies**
	Other:		**Other:**

PPE

	Helmet/Hardhat		**Gloves**
	Boots		**Safety Glasses**
	Chaps/Chainsaw pants		**Other:**

All other Items

	First Aid		**Fire Prevention**
	Chaps/Chainsaw pants		**Other:**

Communications (Radio, Phone or Other)

	Radio		**Phone**
	GPS		**Other:**

Chainsaw/s, Cutting and Hand Tools

	Chainsaws		**Axes**
	Hand Saws		**Knife**
	Shovel		**Other:**

Transportation & Heavy Equipment

	Trucks / Vehicle		**ATV**
	Stump Grinder		**Chipper**
	Crane		**Bucket Truck**
	Loader		**Skid Steer**
	Other:		

☐ **Pre-Inspection of all checked items above completed.** **Date: _____**

☐ **Post-Inventory of all checked items above completed** **Date: _____**

Equipment deficiencies noted:			
Corrective Actions Taken			
Due Date for corrections:		**Date Completed:**	

Name: _____ Signature: _____

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Sign Off (PRINT NAME LEGIBLY)

Initial only if personnel are 'Green'.	Day 1	Day 2	Day 3	Day 4	Day 5
Name	**Initial if green**	**Initial if green**	**Initial if green**	**Initial if green**	**Initial if green**

Individual Circumstances

Visitor Sign In

Initial only if visitors are 'Green'.

Day 1	Day 2	Day 3	Day 4	Day 5
Name	**Initial if Green**	**Initial if Green**	**Initial if Green**	**Initial if Green**	**Initial if Green**

Last edit: 20.04.2026