

Guidelines for Daily Manual Faller Audit

This document may be used

- as part of the regular workplace auditing process or
 - when the contractor starts a new faller or
 - when a faller commences tree felling following a period of three months or more of not carrying out tree felling or
 - may be used specifically when unacceptable falling practices have been identified.
1. Confirm audit arrangements with faller and employer/auditor (if applicable). The audit process (including the purpose of the audit and evidence collection) must be explained to the faller prior to commencing the process.
 2. Auditors should ensure that all relevant health, safety and environment practices are followed, that any site-specific requirements are met and that relevant regulations and/or standards are adhered to.
 3. The audit is to be conducted in the workplace under normal operating conditions. Evidence should be gathered through questioning to check underpinning knowledge and direct observation. One observation is not sufficient to gain evidence of the faller's ability to consistently perform the task to the required standard.
 4. Operators **must use** all required PPE and observe safety procedures at all times. Equipment must be safe, well-maintained and meet current Australian Standards.

The audit must cease if, in the opinion of the auditor, the faller's actions put themselves or co-workers at risk of injury, or are likely to damage equipment, materials or products. Workplace Standards Tasmania must be notified if audit is ceased.

Specific Requirements

1. The auditor may be the contractor, delegate, supervisor or agent that is experienced in manual tree felling. It is preferred that the auditor would hold a current fallers license or have undertaken stump analysis training.
2. The auditor is to observe 2 trees > 30cm being felled each day for 5 days.
3. Complete Form 1 on the first day and Form 2 on each of the five days. Indicate with a tick or cross next to each of the tree felling procedures whether the faller's performance is Satisfactory (S) or Not Satisfactory (NS).
4. If the candidate is judged to be Not Satisfactory clearly indicate the reasons why, and identify any training that is required at the bottom of Form 2.
5. Mark the 10 stumps of the trees being observed over the 5 day period by painting a number on the stump. Then highlight the area on a coupe map (photocopy of Forest Practices Plan) and attach to audit.
6. The auditor and the faller are to sign Form 2 after each day's report. The faller is also to indicate whether if he agrees or disagrees with the report.

Right of Appeal

In the event that a faller disagrees with an audit it is recommended an independent third party be engaged to conduct a further audit.

MANUAL FALLER DAILY AUDIT

Form 1

CONTRACTOR _____

Audit start date _____

Auditor _____
surname given names

FALLER _____
surname given names date of birth

Forestworks licence No. T Licence expiry date _____ Licence sighted ^Y ^N

LICENCE CATEGORIES

1	2	3	5	6	7
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 Or Advanced / Intermediate

TENURE OF EMPLOYMENT WAGES CONTRACT OTHER

NORMAL HOURS OF WORK/DAY _____ NORMAL TRAVEL TIME/DAY _____

LOCATION OF COUPE _____ TYPE OF BUSH _____

Felling prescription Clear fell select cull thinnings Coupe number _____

DATE OF INDUCTION WITH CURRENT CONTRACTOR _____

1 Personal protective equipment & communication

* denotes compulsory items

	Y	N
a *Approved helmet		
b *Eye protection		
c *Hearing protection		
d *Leg protection		
e *Boots		
f *Hi vis clothing		
g UHF hand held radio		
h *Bandage No.15		

* Audit must not continue if compulsory items are marked 'N'

2 Tools

	Y	N
a *Chainsaw AS2726		
-Safety features operational		
b *Wedges		
c *Axe		
d *First aid kit on site		
e *Approved fuel container		

Type _____

Type _____ Number _____

3 Pre audit work

Reason for audit:

COMMENTS:

4. After completion of 5 days DAILY audit:

(Auditor to complete)

- Further training required
- Satisfactory outcome

Day 1 of 5 day audit

Date _____

FALLER _____

surname

given names

date of birth

5 Demonstrated Felling

*If NS (Not Satisfactory) is marked for these items cease audit immediately and refer to Manual Tree Felling Standards Infringement Flowchart

Size (must be > 30cm)

Species

Characteristics
eg heavy lean

Tree 1	Tree 2
S	NS
S	NS

*1	Are hazardous trees removed in progression with felling?				
2	Does the faller have a plan?				
*3	Did the faller accurately assess the tree? eg lean, fall path, hazards				
*4	Did the faller clear around the tree and prepare acceptable escape routes?				
5	Were the scarf cuts acceptable?				
6	Was the back cut acceptable?				
7	Was sufficient hingewood held?				
8	Were wedging procedures safe and effective?				
*9	Did the faller finish the back cut from the safe side of the tree?				
*10	Did the faller use escape route and check for hazards before returning to the stump?				
11	Did the tree fell in intended direction of fall?				
12	Was trimming acceptable?				
13	Did the faller maximise sawlog and pulp recovery?				
14	Was the stump height acceptable?				
*15	Are separation distances maintained?				

Please make comment on the tree felling practices during the day and any corrective action taken.

Auditor name _____

Signed by auditor _____ Date _____

Signed by faller _____ Date _____

I agree with the audit I disagree with the audit

Day 2 of 5 day audit

Date _____

FALLER

_____ surname

_____ given names

_____ date of birth

5 Demonstrated Felling

*If NS (Not Satisfactory) is marked for these items cease audit immediately and refer to Manual Tree Felling Standards Infringement Flowchart

Size (must be > 30cm)
Species
Characteristics
eg heavy lean

Tree 1	Tree 2

S NS S NS

*1	Are hazardous trees removed in progression with felling?				
2	Does the faller have a plan?				
*3	Did the faller accurately assess the tree? eg lean, fall path, hazards				
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13	Did the faller maximise sawlog and pulp recovery?				
14	Was the stump height acceptable?				
*15	Are separation distances maintained?				

Please make comment on the tree felling practices during the day and any corrective action taken.

Auditor name _____

Signed by auditor _____ Date _____

Signed by faller _____ Date _____

I agree with the audit I disagree with the audit

Day 3 of 5 day audit

Date _____

FALLER

_____ surname

_____ given names

_____ date of birth

5 Demonstrated Falling

*If NS (Not Satisfactory) is marked for these items cease audit immediately and refer to Manual Tree Felling Standards Infringement Flowchart

Size (must be > 30cm)
Species
Characteristics
eg heavy lean

Tree 1	Tree 2
S	NS
S	NS

*1	Are hazardous trees removed in progression with felling?				
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*15	Are separation distances maintained?				

Please make comment on the tree felling practices during the day and any corrective action taken.

Auditor name _____

Signed by auditor _____ Date _____

Signed by faller _____ Date _____

I agree with the audit I disagree with the audit

Day 4 of 5 day audit

Date _____

FALLER

_____ surname

_____ given names

_____ date of birth

5 Demonstrated Falling

*If NS (Not Satisfactory) is marked for these items cease audit immediately and refer to Manual Tree Felling Standards Infringement Flowchart

Size (must be > 30cm)
Species
Characteristics
eg heavy lean

Tree 1	Tree 2
S	NS
S	NS

		S	NS	S	NS
*1	Are hazardous trees removed in progression with felling?				
2	Does the faller have a plan?				
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*15	Are separation distances maintained?				

Please make comment on the tree felling practices during the day and any corrective action taken.

Auditor name _____

Signed by auditor _____ Date _____

Signed by faller _____ Date _____

I agree with the audit I disagree with the audit

Day 5 of 5 day audit

Date _____

FALLER _____

surname

given names

date of birth

5 Demonstrated Falling

*If NS (Not Satisfactory) is marked for these items cease audit immediately and refer to Manual Tree Felling Standards Infringement Flowchart

Size (must be > 30cm)
Species
Characteristics
eg heavy lean

Tree 1	Tree 2

S NS S NS

*1	Are hazardous trees removed in progression with felling?				
2	Does the faller have a plan?				
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Please make comment on the tree felling practices during the day and any corrective action taken.

Auditor name _____

Signed by auditor _____ Date _____

Signed by faller _____ Date _____

I agree with the audit I disagree with the audit