



Manual Falling Verification Form

(applicable to Owner Relationships and programs that are SAFE Certified)

VERIFICATION FORM MUST BE COMPLETED FOR MANUAL FALLING ACTIVITIES PRIOR TO CONDUCTING MANUAL FALLING ACTIVITIES. MANUAL FALLING IS CONSIDERED TREES 6" OR MORE IN DIAMETER AT BREAST HEIGHT. FORM TO BE COMPLETED BY QUALIFIED FALLER SUPERVISOR OR CONTRACTOR

Contract No:	Contractor Name
Date:	Location:
Project/Activity:	

Part A. Faller Supervisor

Is there a qualified faller supervisor designated for the site? ☐ Yes ☐ No
List Qualified/Certified Faller Supervisors:
Detail Qualifications:

Part B. Fallers

Are Faller's Qualified and Certified? (log books, faller cards) ☐ Yes ☐ No <i>BCFSC or Enform</i> <i>Attach a photo copy of the falling cards, confirm that fallers are current.</i>
Comments:

Part C. Falling Plan

	Comments
Qualified Assistants available ☐ Yes ☐ No <ul style="list-style-type: none">Readily available (10 mins)Have communicationAble to provide necessary first aid, ERP aware?May require certified/qualified faller unless equipment is accessible to address hazards	
Faller evaluations completed? ☐ Yes ☐ No	
ER Plan established & communicated? ☐ Yes ☐ No	
Hazard Assessment? ☐ Yes ☐ No	
Alternative falling methods identified? ☐ Yes ☐ No (blasting, hydraulic jacks, heavy equipment, avoidance)	

Completed by:	Date:
Signature:	