

FIELD SAFETY PLAN

BRIEFING
BC WILDFIRE SERVICE

INCIDENT #/PROJECT:				DATE:				
1. Site Detail	Work Area GPS Coordinate			Lat:		Long:		
	☐ Staging ☐ Helipad ☐ GPS Coord			Lat:		Long:		
Worksite Geographic:			Road Directions from Closest Town:					
2. Crew Detail							Call Sign	Frequency
Supervisor/IC		Name:		Phone:				
Alternate		Name:		Phone:				
Resource:		Assignment:						
Resource:		Assignment:						
Resource:		Assignment:						
Resource:		Assignment:						
Medevac Helicopter:		Type:		Grounding Time:			Total # of Workers	
3. Weather								
Forecast		Temp	RH	FFMC	Wind Speed/Direction	Precipitation/Fog		
	Current							
	Forecast							
4. Fire Behaviour				Not Applicable ☐		Behaviour Forecast Briefing Delivered ☐		
Fuel:	Weather:	Topo:	Wind:	Predicted Fire Behaviour:				
5. Operations								
Detailed Description of Overall Objectives (<i>consider task, purpose, end state</i>)								
Trigger Points Discussed: ☐ Contingency Plan in Place: ☐								
Flagging Colour used				Special Markings				
Access/Escape		No Work Zones		Describe:				
Trail		Assessed						
Danger Tree		Other						
Lookout				Not Applicable: ☐		Call Sign	Check-in Frequency	
Geographic								
GPS	Lat:		Long:					
Anchor point							Not Applicable: ☐	
Describe:								
Communications								
Ground		Repeater		Secondary		Air		
Check in	Site: ☐	Radio: ☐	Other: ☐	Check-in intervals: (30 mins/2hrs)				
Road Channels	1:		2:		Equipment Channel:			
Escape Routes								
Escape Route 1:								
Escape Route 2:								
Safe Zone								
Geographic:				Lat:		Long:		

6. First Aid Coverage

First Aid Attendants		OFA Level	Call Sign	Simplex	Repeater
1)					
2)					
Onsite Emergency Supervisor <i>(if unavailable, contact Fire Centre or 911 directly)</i>					
1)					
Medevac Helicopter: <i>(Fire Centre assigned)</i>	Type:	Grounding Time:			
Location of ETV Vehicle (6 people on site require ETV)		Location of First Aid Supplies:			

7. Travel to Medical Aid

Heli pad / Extraction Point	Lat:	Long:
Basket Stretcher Travel Time	FA Equipment to Injured Worker:	Travel Time to Extraction Point:
Flagging Colour Used	Escape Routes:	Safety Zones:
Location of Closest Hospital (<i>Fire Centre may advise alternate hospital</i>):		☐ Helipad @ Hospital
Travel Time to Closest	Ground:	Air:

8. Hazard Assessment

Environment	☐ H2S	☐ Terrain	☐ Non-Veg Hazard	☐ Communication	☐ Slope Stability	☐ Heavy Equipment
Operational	☐ Roadside Fire	☐ Industrial Right of Ways	☐ Air Tankers	☐ Long Line & Bucketing	☐ 4X4 Access	☐ Remote Worksite
Human Factors	☐ Fatigue	☐ Heat Stress	☐ Biohazards	☐ Infectious Diseases	☐ Wildlife	☐ Urban Interface
Danger Trees	☐ High BUI	☐ Overhead Hazards	☐ Danger Trees/ Ha	☐ Mechanical Damage	☐ Windthrow	☐ Steep Slope

Control Measure: (Refer to OSWS, BC Faller Info Flips, 502b, Infectious Disease ECP and SOP's to control hazards checked above)

First Aid Prep	☐ Increase F/A Transport Requirement	☐ ETV	☐ Heli Support	☐ Dressing Station	☐ Other
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9. Emergency Response Procedures

- Ensure you and the accident scene are safe
- Contact your Supervisor - BLOW YOUR WHISTLE LOUDLY
- Do not move or leave the injured worker unless there is a high risk of further injury
- Contact First Aid attendant and request appropriate first aid equipment
- Communicate location and condition of the injured worker.
- Documentation for injured workers assessment will be in the first aid kit
- Be prepared to assist in packaging and transport of injured worker.
- Ensure that the trail used for transport is cleared, scouted and flagged
- Assign someone to monitor the radio and provide two-way updates

Speak Clearly - Stay Calm

When contacting Fire Centre note the following:

- Location – Geographic and GPS
- Best means of communication:
(Radio/Phone/Sat # or frequency)
- # of injured workers (DO NOT USE NAMES)
- Description of injury and First Aid rendered
- Gender and age of injured worker(s)
- Injured worker's level of consciousness
- Is the injured worker breathing? Rate?
- Brief description of the accident

10. Sign Off

EVERYONE ON THE MANIFEST RECEIVED A FIELD SAFETY PLAN BRIEFING? ☐		Briefing Complete @ ____ hours
Briefing Delivered By:		Signature: