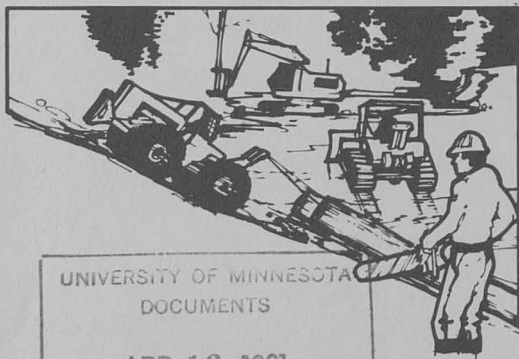


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Logging Hazard Survey



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Logging Hazard Survey

To reduce the accident risk on your logging job, you and your co-workers must first identify and become familiar with the hazards that exist. This logging accident survey will help you identify and correct those hazards.

This survey asks questions about potential hazards on your operation. Answer each one yes or no. If your answer to a question is no, try to correct that hazard at the time of the survey. If immediate correction is not possible for economical or practical reasons, a space has been provided for you to list a target date for correction.

This survey covers various types of hazards relating to logging machinery, fuel storage, tools, and surrounding areas. The survey is general in nature. It is not intended to cover every possible hazard.

By periodically surveying your logging job for hazards, eliminating and correcting them, and understanding how to safely deal with them, you can effectively reduce the odds of an accident occurring on your operation.

For more information on logging safety, refer to *LOGGING ACCIDENTS—Reducing the Odds*, Extension Folder 572.

Read each question about potential logging hazards and check () **yes** or **no**. If your answer for an item is **no**, fill in a target date for the correction of that hazard.

Question	yes	no	If no, correct by this date
LOGGING MACHINERY			
1. Guards and shields in place?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Power off before servicing?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Only operator allowed on and near?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Seat belts worn?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Work on slope oriented to avoid roll-over?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. First-aid kit on each piece of machinery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Slow-moving vehicle emblems on equipment transported on public roads?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Operators receive training?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Personal protective equipment worn by operators?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Brakes periodically adjusted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Instruction manuals available to operators?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Tires on skidders properly inflated?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Safety chains provided on trailing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Hydraulic hoses in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____

yes no correct by

15. All electrical connections clean and tight? _____
16. Debris cleaned from machine daily? _____
17. Fire extinguisher on each machine and in operating condition? _____
18. Fluid levels checked daily? _____
19. Back-up alarms on equipment functioning? _____

FUEL STORAGE

20. Tanks and pumps located where they will not be struck by vehicles? _____
21. Extinguisher available at landing/fuel storage area? _____
22. Small quantities of gasoline and chainsaws, etc., stored in UL approved containers? _____
23. Area around fuel storage area free from weeds, trash, and flammables? _____
24. "No Smoking" signs posted in fuel storage area? _____

HAND AND POWER TOOLS

25. Portable power tools insulated? _____

- | | yes | no | correct by |
|---|--------------------------|--------------------------|------------|
| 26. All cutting tools kept sharp? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 27. Any damaged or loose handles? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 28. Are unused tools stored properly and secured? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

ROADS AND LANDINGS

- | | | | |
|---|--------------------------|--------------------------|-------|
| 29. Skid trails cleared of obstacles? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 30. Roads graded regularly? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 31. Landings located well away from public roadway, electric wires? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 32. Dead snags, widow-makers, or other hazards cleared or removed near landing? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Other hazards noted _____

Number of hazards found _____

Number of hazards corrected _____

Number of hazards to be corrected _____

Name of surveyor _____

Date _____

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