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| Form 1112-5(May 2001) | Central Utah Interagency FireRISK MANAGEMENT WORKSHEET |  |

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| 1. Organization and LocationCentral Utah Interagency Fire | 2. Page \_\_\_\_\_1\_\_\_\_\_\_\_of\_\_\_\_\_\_1\_\_\_\_\_\_\_\_ |
| 3. Operation / TaskEquipment Operator/ Bobcat **(Brush Saw Attachment)** | 4. Beginning Date: | 5. Ending Date:  | 6. Date PreparedPrepared 02/01/2010, Reviewed 03/10/2022 |
| 7. Prepared by *(Name / Duty Position*)Wess Freeborn / Fuels Specialist / Richfield, Reviewed by Russ Ivie 03/10/2022 |
| 8. Identified Hazards: | 9. Assess the Hazards Initial  | 10. Control Measures Developed for Identified Hazards: *(Specific measures taken to reduce the probability of a hazard.)* | 11. Assess the Hazard’s Residual’s Risk | 12. How to Implement the Controls*: (Include SOP’s, references, etc.)* | 13. Supervision and Evaluation Method: *(Continuous Leader Checks, Buddy System, etc.)* |
| (Be Specific) | L | M | H | E | (Be Specific) | L | M | H | E | (Be Specific) | (Be Specific) |
| **Operation** |  | X |  |  | Wear proper PPE (hard hat, ear protection, gloves, and boots). Other protection may be required on some jobs; eye protection and respiratory protection. Ensure seat belt and seat bar are used during operation. | X |  |  |  | Training, Tailgate Safety BriefingBobcat SOP | Continuous Leader Checks |
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| * Spinning blade causing injury
 |  | X |  |  | Stay back at least 50’ from the machine. Approach machine in full view of the operator. Do not touch moving blade when machine is running. Do not operate blade with more than 3 teeth missing. Do not attempt to disconnect hydraulic hoses while machine is running. Let hoses cool before disconnecting. Ensure preventative maintenance is completed. | X |  |  |  | “ | “ |
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| * Falling Trees / Flying objects
 |  | X |  |  | Approach slightly from the operators left side to avoid flying objects. Do not approach until all trees are comnpletely on the ground and hanging branches are cleared. Watch for flying objects at all times. | X |  |  |  | “ | “ |
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| 14. Remaining Risk Level After Control Measures Are Implemented: (CIRCLE **HIGHEST** REMAINING RISK LEVEL)  | **LOW****(Line Supervisor)** | **MEDIUM****(Branch Chief)** | **HIGH****(District Manager)** | **EXTREMELY HIGH****(Must be State Director/Associate)** |
| 15. RISK DECISION AUTHORITY: (Approval/Authority Signature Block) (If Initial Risk Level is Medium, High or Extremely High, Brief Risk Decision Authority at that level on Controls and Control Measures used to reduce risks. NOTE: if the person preparing the form signs this block, the signature indicates only that the appropriate risk decision authority was notified of the intial risk level, control measures taken and appropriate resources requested; and that the risk was accepted by the decision authority.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) |