



CONSULTING SERVICES PRE-WORK REPORT

BCTS CHK-001

Completed by hand, in Word as a protected form or by Hand Held digital application for entry into Cengea Forest - Resources

Section A	Business Area:	Field Team:	ORCS/ARCS File(s):	Date of Pre-Work:																																																																																																																																																																		
	Contract #:	Geographic Location:	Project Name:	Pre-Work Type:																																																																																																																																																																		
	Contractor:		On-site Supervisor:																																																																																																																																																																			
Section B	Pre-work Scope and Detail																																																																																																																																																																					
	Project Risk Ranking EMS/Safety: High Medium Low BCTS EMS & Safety Inspection Frequency: Other Comment: Contractor EMS Inspection Frequency: Tests and Drills Requirement: Test Drill Type: Fire Spill Slide By when:		Contract Type Development/Planning Site Plan Road Layout Block Layout Cruising Professional Services Silviculture Surveys Site Assessments Other: (specify) _____ Note: Check applicable boxes for Multi phase contracts Blocks / Areas Applicable to Pre-work		Pre-work Method Field Office Telephone Applicable Legislation FRPA FPC Other (Specify): _____																																																																																																																																																																	
	Requirement ID # & Status Yes: Inspector's opinion requirement is being met. Comments optional – Section E No: Inspector's opinion of non-conformance requiring Corrective Actions – Section D or, Incident requiring Incident Root Cause Investigation Issue(s) – Section D . ND: Not discussed. NA: Not applicable. Note: Refer to Guidance Document for requirement detail.																																																																																																																																																																					
	Section C	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">ID #</th> <th style="width: 40%;">01: Contract – Safety Requirements</th> <th style="width: 10%;">Status Y N ND NA</th> <th style="width: 10%;">ID #</th> <th style="width: 35%;">Description</th> <th style="width: 10%;">Status Y N ND NA</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>0408</td> <td>Maximum cutblock size discussed</td> <td></td> </tr> <tr> <td>0101</td> <td>SAFE Company status ensured?</td> <td></td> <td>0409</td> <td>Cutblock adjacency requirements discussed</td> <td></td> </tr> <tr> <td>0103</td> <td>First Aid Assessment discussed?</td> <td></td> <td>0410</td> <td>Wildlife Tree Retention Areas Requirements discussed</td> <td></td> </tr> <tr> <td>0104</td> <td>Evidence of adequate supervision?</td> <td></td> <td>0412</td> <td>General Wildlife Measures discussed</td> <td></td> </tr> <tr> <td>0109</td> <td>Adequate Safety ERP?</td> <td></td> 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Section C	0806	24 hour contact # provided to local Fire Centre		ID #	11: Specific Contractual Conditions (Schedules & Appendices)	Status Y N ND NA
	0807	Appropriate Fire Danger Class discussed		1101	Schedule Conditions discussed	
	0808	Fire Hazard Assessments and Abatement discussed		1102	Appendix Requirements discussed	
	ID #	09: EMS – Documents, Records & General Requirements	Status Y N ND NA	1103	Notification to Stakeholders discussed	
	0901	Pre-work meetings discussed		ID #	80: Sustainable Forest Management Certification	Status Y N ND NA
	0902	Self Inspections discussed		8001	SFM Certification requirements discussed	
	0903	Project Plan documents to be on-site discussed		ID #	90: Business Area Specific Requirements	Status Y N ND NA
	0904	Training current – records completed, updated and available		9001	FSP Invasive Plant (IP) measures discussed	
	0905	Industrial Waste discussed		9002	FSP SAR, UWR and WHA information discussed	
	0906	BCTS Fuel Handling (EFP 06) requirements discussed		9004	Water Management: Review applicable water management, sediment contract best practices documents i.e. wet weather operating guide, deactivation guide, EFPs 2,4 and 5, Harvest Plan and Site Plan, Skid trail BMP.	
	0907	Other Environmental Field Procedures discussed				
	ID #	10: General Contractual Conditions	Status Y N ND NA			
	1001	Work Progress Plan discussed				
	1002	Fire Protection requirements discussed				
	1003	Site Clean-Up requirements discussed				
1004	Camping and Parking requirements discussed					
1006	Industrial Camp Standards Requirements					
Section D	ID #	CORRECTIVE ACTION – 1				
		Requirement:	Responsibility:			
	Description:		Target Date:	Completion Date:		
	Corrective Action:		Follow-up:			
	ID #	CORRECTIVE ACTION – 2 (add extra sheets for more actions)				
		Requirement:	Responsibility:			
	Description:		Target Date:	Completion Date:		
	Corrective Action:		Follow-up:			
	ISSUE(S)	Complete Incident Report Form for each incident type. Enter in Issue Tracking System (ITS) linked to the Pre-work. ITS required for significant or repeat non-conformance, potential non-compliance, or Incident (as defined in EOP-04).			Issue #: ____ Issue Type: _____	
					Issue #: ____ Issue Type: _____	

GENERAL PRE-WORK COMMENTS

(Reference Requirement ID # where appropriate, add extra sheets for more comments)

Section E

Pre-Work delivered by: _____ Received by: _____
Signature X: _____ Signature X: _____

I accept receipt of this pre-work and am in agreement with the stated actions.

Attachment: Additional Pages <input type="checkbox"/> Photos <input type="checkbox"/> Maps <input type="checkbox"/> Correspondence <input type="checkbox"/> Incident Report <input type="checkbox"/> Other <input type="checkbox"/>	Date of Delivery to Contractor: Planned Inspection Date:	Delivery Method: On-site <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/>
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ADDITIONAL PERSONNEL RECEIVING PRE-WORK

Section F	Name (print)	Signature	Employer	Pre-Work delivered by	Date of Pre-Work delivery