

Section A	Business Area:		Field Team:		ORCS/ARCS File(s):		Date of Inspection <small>Click here to enter a date.</small>			
	Contract #:		Geographic Location:		Project Name:		Inspection Type:			
	Contractor:				On-site Supervisor:					
Section B	Contract Type <input type="checkbox"/> Tree Planting <input type="checkbox"/> Mechanical Site Preparation <input type="checkbox"/> Stand Tending <input type="checkbox"/> Herbicide Treatment <input type="checkbox"/> Manual Brushing <input type="checkbox"/> Prescribed Burning <input type="checkbox"/> Silviculture Project Implementation Contract <input type="checkbox"/> Other (specify): _____				Applicable Legislation <input type="checkbox"/> FRPA <input type="checkbox"/> FPC <input type="checkbox"/> Other (Specify): _____		Operational Status <input type="checkbox"/> Active <input type="checkbox"/> Inactive _____ % complete <input type="checkbox"/> Complete		Blocks / Areas Inspected _____	
	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. NI: Not inspected. NA: Not applicable. Note: Refer to Guidance Document for requirement detail.									
Section C	ID #	01: Contract – Safety Requirements			Status Y N NI NA	0413	Resource Features protected			
	0101	SAFE Company status?				0414	Wildlife Habitat Features protected			
	0102	First Aid requirements met?				0415	Burn Plan being followed			
	0104	Evidence of adequate supervision?				0416	Smoke Venting index checked for air quality/burning in prescribed manner			
	0105	No BCTS Safety concerns reported?				0417	FSP Results, Strategies and Measures followed			
	0106	No Safety Incidents?				0418	FPC Requirements Met & Silviculture Prescription followed			
	0107	No contractor safety concerns from section 3.10?				0420	Other Legislative Requirements (Federal & BC) followed			
	0108	CAL up to date?				0421	First Nations Requirements met			
	0109	Adequate Safety ERP?				ID #	05: Legislative – Stream and Riparian Requirements		Status Y N NI NA	
	0110	Safety Records				0502	RMA Retention on Temperature Sensitive Streams followed			
	0111	Communication – signage, man check, etc.?				0503	Stream Crossings installed to protect channels and mitigate disturbance			
	0112	Conformance with Road safety protocols?				0504	Fish Passage maintained and Fish Habitat protected			
	0113	Apparent conformance with SWPs & PPE?				0506	Drinking Water Quality & Licensed Waterworks protected			
	0118	NOP confirmation received and recorded				0507	Restrictions (herbicide, MSP, brushing/spacing) in RRZ are being adhered to			
	0119	Safety meeting documentation?				0508	Use of livestock is appropriate (i.e.: no corral, or CWS)			
	0120	Manual Falling Addressed				0509	Use of fertilizers in appropriate areas			
		ID #	02: Multiple Employer Workplace (applied to Prime Contractor)			Status Y N NI NA	ID #	07: Legislative - Integrated Pest Management		Status Y N NI NA
	0201	PC designation?				0701	General prohibitions and restrictions as per IPMP followed			
	0205	Communication of hazards by PC?				0702	License/certificate for use of pesticides on site			
	0206	Adequate coordination by PC?				0703	Use of pesticides in accordance with a pesticide use notice			
0207	PC roles & responsibilities clear?				ID #	08: Environmental Emergency Response Requirements		Status Y N NI NA		
0208	Adequate coordination & supervision?				0801	Env Emergency Response Plan onsite, location known				
0209	Appropriate PC records?				0802	Awareness of roles, responsibilities and procedures confirmed				
0210	CAL up to date?				0803	Incident Reporting documented and reported				
	ID #	04: Legislative - Area and General Requirements			Status Y N NI NA	0804	Test and Drills scheduled and completed			
0401	Damage to the environment prevented				0805	Emergency response equipment onsite and maintained				
0404	Landslide or Gully Process with Adverse Effect prevented				0806	24 hour contact # provided to local Fire Centre				
0405	Fan Destabilization resulting from activities prevented				0807	Appropriate Fire Danger Class discussed				
0412	General Wildlife Measures followed				0808	Fire Hazard Assessments and Abatement conducted, as required				

ID #	09: EMS Documents, Records & General Requirements	Status Y N NI NA	ID #	11: Specific Contractual Conditions (Schedules & Appendices)	Status Y N NI NA
0901	Pre-work meetings done & documented		1101	Schedule Conditions followed	
0902	Self Inspections & Corrective Actions complete, documented & followed-up		1102	Appendix Requirements followed	
0903	Project Plan documents on-site and available		1103	Stakeholders notified	
0904	Training current – records completed, updated and available		ID #	80: Sustainable Forest Management Certification	Status Y N NI NA
0905	Industrial Waste contained and timely removal		8001	SFM Certification Requirements met	
0906	Conformance to BCTS Fuel Handling (EFP 06) requirements		ID #	90: Business Area Specific Requirements	Status Y N NI NA
0907	Other Environmental Field Procedures on site and followed		9005	A fire hazard assessment must be completed and supplied to BCTS	
ID #	10: General Contractual Conditions	Status Y N NI NA			
1001	Work is proceeding in accordance with Work Progress Plan				
1002	Prevention of unintentional fire (smoking areas, burning extinguished)				
1003	A clean work site has been maintained				
1004	Camping and Parking Requirements followed				
1005	Employment Standards Act Requirements				
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				
	Requirement:	Responsibility:			
Description:		Target Date:	Completion Date:		

Corrective Action:		Follow-up:	
ID # CORRECTIVE ACTION - 3			
	Requirement:	Responsibility:	
Description:		Target Date:	Completion Date:
Corrective Action:		Follow-up:	
ID # CORRECTIVE ACTION - 4 (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 Inspection. 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 INSPECTION COMMENTS (Reference Requirement ID # where appropriate, add extra sheets for more comments)			
Section E			

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Inspected by: _____
Signature X: _____

Received by: _____
Signature X: _____

I accept receipt of this inspection and am in agreement with the stated actions.

Attachment:
Additional Pages Photos Maps
Correspondence Incident Report Other

Date of Delivery to Contractor: _____
Next Planned Inspection Date: _____

Delivery Method:
On-site Email Fax
Mail Hand Delivered