

LOGGING CONTRACTOR CHECKLIST

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| Contractor Name: | Date: |
| Person Filing Report: | Title: |

As a logging contractor, you are required to show proof you are complying with the following safety requirements of OSHA and your insurance company.

OPERATIONS/PROCESSES: (SAT= Satisfactory and NI = Needs Improvement)

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|----------------------------------------------------------|----------------------------------------------------------|-----------|
| Application form and reference checks when hiring | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Fire extinguishers on equipment/trucks | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Seat belts on equipment, use required | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Two tree lengths between workers at all times | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Visual or audible contact between workers | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Power lines checked and marked | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Hard Hats worn at all times | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Guards on equipment | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Stabilizers used when needed | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| No riders allowed on equipment | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Proper PPE when using chain saws | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Roll Over Protection in place | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Equipment cab properly protected | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Employees properly trained | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Daily inspection of equipment | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| First aid kit on site | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Weekly safety meetings | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Master Logger on site | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Lockout/tagout of equipment during repairs | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Drug screening program | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Second Injury Fund Medical Questionnaire | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Accidents investigated and recorded | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Steel toed shoes worn at all times | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Eye protection worn at all times | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |
| Required federal and state posters on site | <input type="checkbox"/> SAT <input type="checkbox"/> NI | Comments: |