Back Country Horsemen of Washington Tailgate Safety Checklist
Work Party Leader

If the land manager does not review a Job Hazard Analysis (JHA) or conduct a safety meeting, Back Country Horsemen of Washington (BCHW) work party leader(s) must review and mark the land manager's relevant JHA material in this checklist during a Tailgate Safety Checklist briefing before the BCHW work party.

Date: _____ Location: _____

Project: _____

Details: _____

_____

Discussed the following requirements of a work party:

- ❑ Personal Protection Equipment (PPE) requirements – reference, USFS PPE in FSH 6709.11 & .12. Or other land manager's JHA material; e.g. NPS or DNR.

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- ❑ Emergency Evacuation Plan (EEP) – reference, USFS EEP in FSH 6709.11

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- ❑ First Aid kit – reference, USFS Health and Safety Code

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Discussed JHA aspects of this project that are potentially hazardous:

- ❑ Crosscut Sawing – reference, USFS JHA, crosscut, FSH 6708.11 & .12

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- ❑ Chainsaw Sawing – reference USFS JHA, chainsaw, FSH 6708.11 & .12

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- ❑ Trail Maintenance – reference USFS JHA, trail maintenance., FSH 6708.11 & .12

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- ❑ Campground Maintenance – reference USFSJHA, campground mainte., FSH 6708.11 & .12

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- ❑ Other (specify) – reference USFS JHA for specific task in FSH 6708.11 & .12

  _____

- ❑ Stock Handling – reference USFS JHA, stock handling, FSH 6708.11 & .12

  _____

- ❑ Riding & Leading Livestock – reference USFS JHA, riding and leading livestock, FSH 6708.11 & .12

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The undersigned BCHW work party leader(s) affirm that instruction on the BCHW Tailgate Safety Checklist was conducted before the BCHW work party. Relevant parts of the BCHW Tailgate Safety Checklist were discussed and BCHW work party members understand the provisions of each of the checked items above.

Signature – work party leader(s) sign and include phone number(s).

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Please send into land management agency either after the work party or once a month if you have several work parties planned. Retain a copy for BCHW records.

Mailing Address:

_____ Attn: _____

_____

_____ E-mail address: _____