

Tree Felling & Removal Permit

This permit is required to be completed

- Before commencing any **clear** or **directional** tree felling or substantial tree trimming activities.
- Where a worker is required to work from an elevated work platform to carry out sectional tree felling or trimming activities.
- Where a worker is required to climb trees to carry out sectional tree felling or trimming activities.
- By the Supervisor responsible for the work prior to the commencement of **ALL** work involved in tree felling or removal.

This permit is valid for **24 hours**

Section 1 Details of Work

Site name				Work Order #		
Location of site						
Details of work to be undertaken						
Date of work		Start time		AM / PM	Finish time	AM / PM

Section 2 Tree Felling / Removal Checklist

All personnel involved in tree felling activities have the required competencies and have been authorised.	Y <input type="checkbox"/> mandatory
Relevant SWMS has been reviewed by all involved in the task.	Y <input type="checkbox"/> mandatory
Do all personnel involved in the task have the appropriate PPE?	Y <input type="checkbox"/> mandatory
A high-risk work rescue plan has been established including emergency response details?	Y <input type="checkbox"/> mandatory
Work Environment	
Exclusion zone used to ensure that members of the public cannot access high risk areas (e.g. tree cutting, stump grinding, elevated work).	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Are drop zones at ground level for elevated work established? Falling trees, limbs, debris are to be considered and the area barricaded, and signs installed.	Y <input type="checkbox"/> N/A <input type="checkbox"/>
A safety observer / spotter has been appointed. Name:	Y <input type="checkbox"/> mandatory
Are suitable controls in place to ensure that people, equipment and falling tree or limbs do not enter the exclusion zone around power lines?	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Has a planned method been established for the clear and directional felling of trees in regard to the following? <ul style="list-style-type: none"> • The condition of the tree including, defects, natural lean, vines or intergrowth with other trees, the shape and weight distribution and broken branches? • A fall zone of at least 2 tree lengths clear of overhead lines, structures, equipment and underground services that may be damaged from impact? • Wind conditions will not influence the direction of fall? • Two 45-degree escape routes extending to an area at least 6 metres away from the base of the tree? • Undergrowth and obstructions are removed from the base of the tree and escape routes? 	Y <input type="checkbox"/> N/A <input type="checkbox"/>
Has the following been considered for controlled directional felling? <ul style="list-style-type: none"> • Equipment being used has the capacity, height & reach to push the tree safely? • Equipment is fitted with protective structures suitable for tree trimming and removal work? • Attached to the tree trunk at approximately 2/3 the height of the tree? • Equipment is able to operate on the terrain where the tree is being felled? • Adequate communication between the equipment operator and tree feller? 	Y <input type="checkbox"/> N/A <input type="checkbox"/>

<p>Has the following been considered for sectional felling or pruning of trees?</p> <ul style="list-style-type: none"> In addition to an exclusion zone, a drop zone (1.5 times the length of section being cut) been established where parts of the tree sections may be felled and dropped? The length of the section cuts, when standing on end, do not make contact with climber or the EWP. 	<p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>If using tree climbers, is there:</p> <ul style="list-style-type: none"> Appropriate climbing equipment and is the climber trained and authorised to complete the task safely? Sufficient climbing equipment and another trained climber available to rescue tree climber if required? 	<p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Are steps being taken to minimise tasks requiring force, awkward positions, prolonged periods of vibration, twisting, turning and repetitive movements (eg, chainsaws, stump grinders)?</p>	<p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Machinery & Equipment</p>	
<p>Are all operators of equipment instructed, trained and authorised in how to use it safely?</p>	<p>Y <input type="checkbox"/> mandatory</p>
<p>Does all equipment have all operational safety devices (including lanyards if working elevated)?</p>	<p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Has a prestart operational safety check been completed for equipment?</p>	<p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>Is the equipment being used only for its intended purpose?</p>	<p>Y <input type="checkbox"/> N/A <input type="checkbox"/></p>

Section 3. Verification of risk controls

I have reviewed the risk controls listed in Sections 2. I confirm they are appropriate and have been implemented for the work to be undertaken as described in Section 1. Workers involved in this work have been advised of, and understand, the requirements and risks of this work.

Supervisor name		Signature	
Date		Time	

Section 4. Completion of work

I confirm that the work has been completed in accordance with this permit and all work is complete, all tools and equipment removed, and the work area has been left in a safe condition.

Supervisor Name		Signature	
Date		Time	