

SAFE WORK GUIDELINES – SUGAR CANE AND TRASH BLANKET BURNS

DATE: _____ BURN TIME: _____

FARM NUMBER: _____ BLOCK/PADDOCK NUMBER: _____

PERMIT NUMBER: _____ NAME OF PERMIT HOLDER: _____

NAME OF DESIGNATED BURN SUPERVISOR: _____

Hazards Identified	Consequence	Likelihood	Risk Rating
Fire	Moderate to Severe – Injury/ill health requiring medical attention and/or hospital admission, fatality	Unlikely/Possible	Medium to High
Entrapment			
Wind directional change			
Smoke	Moderate to Major – Injury requiring medical/hospital treatment	Rare/Unlikely	Low to Moderate

CONTROL MEASURES UNDERTAKEN	YES	NO
Burn prior assessment has been undertaken to determine contractors/employee's/ participants competencies and understanding of task. Persons involved have demonstrated correct use of equipment to be utilised.		
Has farm/block map been provided with the following details recorded: <ul style="list-style-type: none"> • Designated lighting sequence start points & direction ((1)→(1)→)((2)→(2)→) • Where each individual involved will be located • The direction of the burn • Prevailing wind direction & speed (taken on site) • Designated escape route for all individuals • Identified paddock hazards eg. power lines, drains, pumps, cylinders, t-piece etc. 		
Toolbox meeting taken place prior to burn to discuss the following: <ul style="list-style-type: none"> • Details of what equipment is being used eg. <ul style="list-style-type: none"> - Water truck/tractor, filled & operational - Burner correctly fuelled • Designated escape routes in an emergency. • Individual's role during the burn. • Location of each individual during the burn. • Individuals having a clear understanding of the burn process and procedures. • Designated burning start points. • How participants will communicate during the burn. • Participants are informed of the required PPE (personal protective equipment) during the burn and all persons are wearing fire retardant overalls with hoods. • Persons involved advised of who is in control, who will give instruction, monitor wind direction, participants position and movement during the burn. • Consultation with persons involved to identify any other matters that could directly impact their health and safety during burn. 		
Verified that all participants involved in burn are wearing the required PPE (personal protective equipment)		

Will the property owner be in attendance		
Property owner has confirmed that a Permit to Light Fire is in place and copy is on site		
First aid kit to include emergency contact details available on site		
Verbal confirmation or evidence sighted of public liability insurance for grower/contractor		
Will local traffic be vision impaired due to possible smoke hazard.		
If yes to above, ensure that signage and roadside safety issues are considered and adopted.		

How will prevailing winds be monitored:
Communication to be used during the burn:
How will people's movements be managed/monitored:
Consultation following burn – What worked well?
Consultation following burn – What improvements could be made to maximise the health and safety of persons involved?

I hereby acknowledge that the above matters have been brought to my attention:

Please Sign:

Designated Burn Supervisor

Participants Involved in Burn:

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