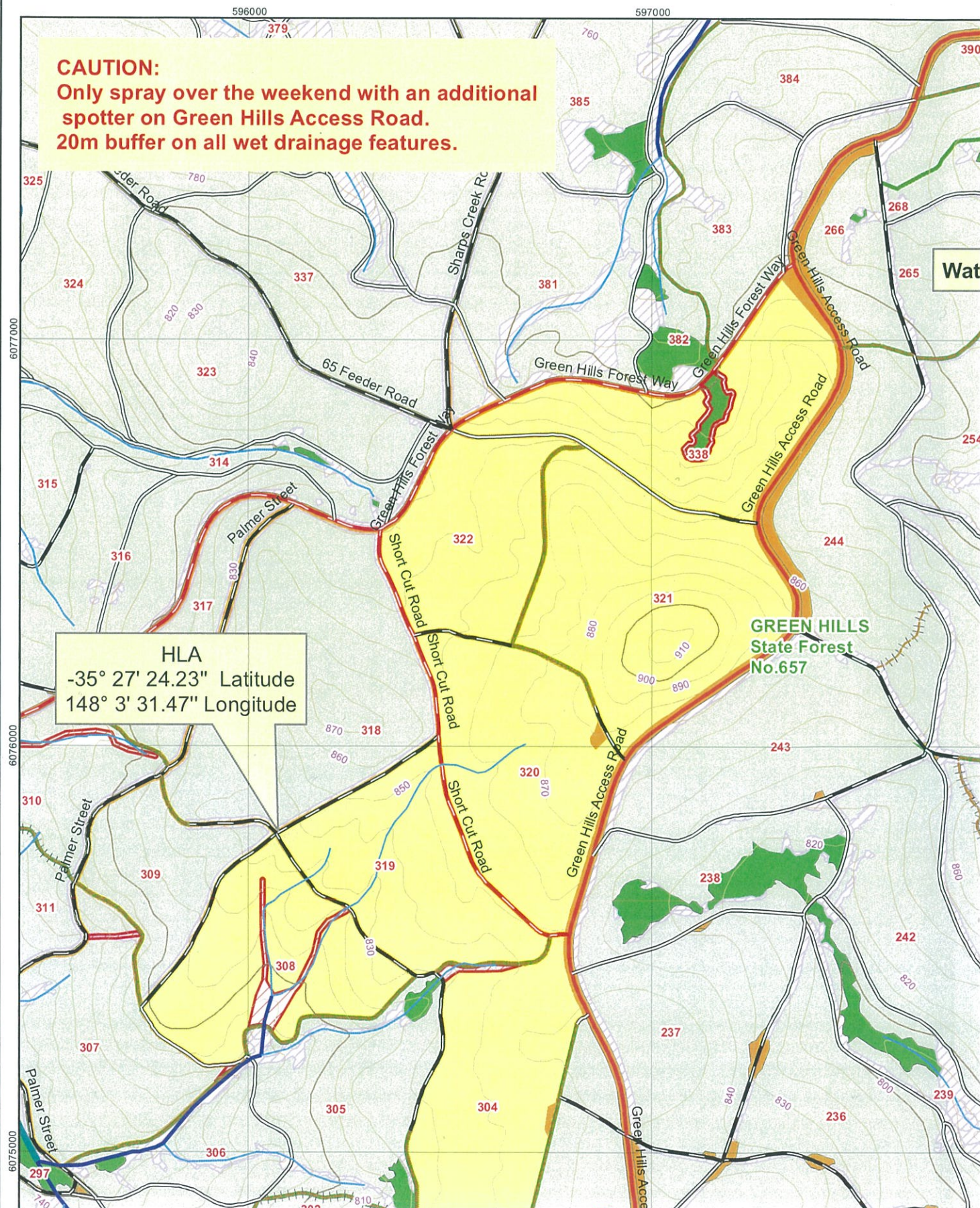


CAUTION:
Only spray over the weekend with an additional
spotter on Green Hills Access Road.
20m buffer on all wet drainage features.



WHS Tool/Resource 3.5.3 Medical Emergency Evacuation Plan (MEEP)

Emergency Meeting points are shown on the attached Locality Map

	Description	MGA; Zone for EMP; and Lat/Long for helicopter landing point
Phone Reception	Mobile (moderate)	595612 6072404
Emergency Meeting Point	28	Zone 55
Helicopter Landing Point	Ardrossan helipad - Immediately west of Ardrossan HQ compound and sheds, across the road from the house.	35d 30' 7.60" 148d 3' 31.33"
Procedures to obtain ambulance assistance		
1. Dial 000 2. If there is no mobile coverage, dial 112 (which will work on any accessible mobile phone system). 3. If no response on 112: · use radio link to office · move to an area with mobile coverage · find a landline · use another network (e.g. a contractor's VHF radio)		The nearest FCNSW office is: <u>Tumut</u> Contact on: Channel: FCNSW Radio Channel 101 Telephone: (02) 6947 3911 Give details of the situation and ask for a 000 call to be placed.
000 operator question:	Response:	
1. Police, Fire, Ambulance?	Police, fire or ambulance as required	
	Nearest operations centre for ambulance:	Batlow
2. Suburb?	Nearest town or locality:	Batlow
	Nearest ambulance station:	Batlow
3. Address?	I/S Green Hill Access & Adelong Creek Rds	
4. Nearest road junction/cross street?	I/S Green Hill Access & Adelong Creek Rds	
5. Local Government Area?		
6. Nature of the problem?	Describe the accident, number, age and condition of casualties. Are they conscious, are they breathing?	
7. Where is the accident?		
Directions to navigate from nearest ambulance station to the emergency meeting point.	From Batlow travel south towards Tumbarumba on the Batlow Rd for approximately 7km and turn right into Lower Bago Road, after 500m veer right onto Greenhills Access Rd. Continue along Green Hills Access Rd for approx 7 km to the intersection with Adelong Creek to the Right and Green Hills Forest Way to the left (also known as the 5-ways). EMP is signposted.	
8. 4WD ambulance required?	Yes/No: UHF radio channel to use: 40	
9. Injuries?	Give detailed information about the condition of the casualty (do not mention names over radio system)	
10. Your name and call back number:		

Green Light Checklist-Aerial Herbicide Application

This checklist is to be completed each time an aerial spray operation commences on a specific site. Copies of this check list are to be stored with the field copy of the Operations Plan.

Green light checklist to be completed by Forestry Corporation supervisor and the contractor prior to commencement of spraying		
Initials	Initials	Initials
Insert area this checklist applies to.		
Soaks inspected & buffering in accordance with the table below. Dry/ exclusion applies/ NA (Choose one)	Surface moisture/ runoff inspected Dry/ exclusion applied/ NA (Choose one)	
Roads & tracks in the treatment area inspected (adequately drained/ excluded)	Pesticide notification and warning signage is erected	
Neighbours/ permittees notified (confirm with planner)	AF	Communication established with adjacent active operations
High use roads identified & safety system discussed with the pilot	Spill kit(s) on site	
Labels/ off-label permits & SDS on site	Helipad location is suitable	
Contractor equipment is suitable & well maintained	Mapped exclusion areas have been unambiguously identified in the field by the pilot	
SWPs are on site and understood	MEEP available and understood	
Flying hazards clearly identified	EMP location clarified	
Calibrations have been performed	Water sampling carried out (if applicable)	
Hazardous vegetation within the treatment area has been managed so that a consistent flight height can be achieved. If no, conduct a Risk Assessment. Implement the outcome of the Risk Assessment and attach to this Plan	Weather instruments calibrated and forecast acceptable to commence	
THE SPRAY EVENT CAN ONLY COMMENCE WHEN ALL OF THE ITEMS ARE CONFIRMED ON THE DAY OF SPRAYING		

Required buffers at this site

Error! Reference source not found.

Green Light Checklist-Ground-based Herbicide Application

This checklist is to be completed each time a ground-based spray operation commences on a specific site. Copies of this check list are to be stored with the field copy of the Operations Plan.

Green light checklist to be completed by Forestry Corporation supervisor and the contractor prior to commencement of spraying		
Initials	Initials	Initials
Insert area this checklist applies to.		
Soaks inspected & buffering in accordance with the table below. Dry/ exclusion applies/ NA (Choose one)	Surface moisture/ runoff inspected Dry/ exclusion applied/ NA (Choose one)	
Roads & tracks in the treatment area inspected (adequately drained/ excluded)	Pesticide notification and warning signage is erected	
Neighbours/ permittees notified (confirm with planner)	AF	Communication established with adjacent active operations
High use roads identified & safety system discussed with operator	Spill kit(s) on site	
Labels/ off-label permits & SDS on site	Mixing site is suitable	
Contractor equipment is suitable & well maintained	Mapped exclusion areas have been unambiguously identified in the field by the operator	
SWPs are on site and understood	MEEP available and understood	
Operational hazards clearly identified e.g. slope	EMP location clarified	
Calibrations have been performed	Water sampling carried out (if applicable)	NA

Hazardous vegetation within the treatment area has been managed so that a consistent spray pattern can be achieved. If no, conduct a Risk Assessment. Implement the outcome of the Risk Assessment and attach to this Plan		Weather instruments calibrated and forecast acceptable to commence	
THE SPRAY EVENT CAN ONLY COMMENCE WHEN ALL OF THE ITEMS ARE CONFIRMED ON THE DAY OF SPRAYING			

Required buffers at this site
Error! Reference source not found.

PROGRAM DUE DILIGENCE RENEWAL AND COMMENCEMENT CHECKLIST

This checklist is to be completed when

- there is a change of contractor or
- if the due diligence is over 12 months old from when it was last reviewed or written.

Area that this checklist applies to: Site this checklist applies to

- ☐ Work is assigned to a contractor on Order of Work
- ☐ Insurances (listed in Section 3.2) are current
- ☐ Staff training is current
- ☐ Planned public notification is current. If no, was completed on by or tap here to enter name.
- ☐ Review seasonal conditions and their impact on drainage features. Is there a need to change any controls?
If yes, or tap here to document. Plan requires a formal amendment or consider a rewrite. Choose an item
- ☐ Changes to flora and fauna?
If yes, document. or tap here to document. Consider whether plan requires a formal amendment, or a rewrite. Choose an item
- ☐ Changes to cultural heritage?
- ☐ Is Hunting Exclusion still in place? If no, speak with Fire & Stewardship team for guidance
- ☐ Site Safety Plan in place
- ☐ Are attached labels and SDSs still in date?
If no, go to ChemAlert and print out new information. Done on by or tap here to enter who printed out new SDSs.
- ☐ Is there a current Job Number? If no, speak with your Manager
- ☐ Is the chemical in stock? If no, go to Procurement section
- ☐ Choose an item Are the chemicals still listed in ChemAlert? If no, see your Manager
- ☐ Choose an item Are there new or revised PCOs relevant to your operation?
If yes, attach to plan. Date this was done or tap to enter a date by
- ☐ Warning & or advisory signs are in place as required

Operation Ready to Commence:

Name:

Title:

Signature:

Date:

To be completed within 2 weeks of the completion of the program.

Area that this checklist applies to. What area does this cessation checklist apply to?

- ☐ Operations within the program are complete. If no, provide an explanation. [Click or tap here to enter text.](#)
- ☐ All non-conformances have been documented in RiskWare
- ☐ All application records and monitoring forms have been completed and filed. If no, comment:
- ☐ All stakeholder, environmental and safety issues have been entered into SESI.
- ☐ Supervisor plans have been stored as per Records Management Procedures
- ☐ All warning &/ or advisory signs have been removed from the site.

Name:	_____	Signature	_____
Title	Shivculture Supervisor	Date	_____

Forestry Corporation		HERBICIDE / FERTILISER OPERATIONS PLAN			
Situation	Operation Name:	ISIS Code or Site Description:		Radio Communications	
	Palmer Street	The treatment area is shown on the Operations Map		VHF Radio ch. n°: 101 UHF ch.: 21	
Mission	Party(s) Applying:	Objective		Pre-Plant Competition Control	
	Application Method:	Mixed Aerial & Ground Broad-Acre or Strip			
Execution	Chemical, Equipment Configuration and Application Notes:	Accuflow nozzle, 100L/ha water rate			
	Record Keeping	Collection of chemical from storage sheds or other must be documented as per local procedures. Application records must be made and provided to Forestry Corporation via paper record.			
	Does a Pesticide Control Order Apply to this Operation?	NA			
	Calibration Requirements	Calibration sheets have been sighted before this operation has commenced. The controller of Operations will check that the nozzles are not dripping during the spray program. Recalibration is to occur if any of the following is changed: nozzle type, application rate or chemical mix.			
	Water sampling risk rating	Low	Water sampling regime (or NA)	NA	Rainfall
Execution	Weather Restrictions	Wind & Temperature	Delta T and Inversion	Rainfall	
	The most conservative weather restrictions labeled for within a mix must be obeyed. If no weather restrictions are given use those in grey to the left.	Wind speed >3 and <12 km/hr. Steady direction. Max temp 28 degrees	Do not spray when there is an inversion	Do not spray when it is raining or there is a risk of chemical entering running water	
	Buffering Requirements for Sensitive Areas (details for buffers displayed on the Operations Map):				
	Known drainage lines and soaks	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Refer to Op map		
	Drainage Line Buffering Requirements	Drainage lines are to be buffered as per the Operations Map Provided and table attached to the green light checklist.			
Execution	For broad acre operations, are road drains impacting sensitive places?	<input type="checkbox"/> Y <input type="checkbox"/> N	Refer to Op map and Green Light Checklist		
	Unique or Special Wildlife Values (USWVs) or Environmental Exclusion Zones?	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Refer to Op map.		
	Are any Biosecurity Controls Required?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			

Safety		Does the Spray Area contain any heritage Points?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Neighbours and Other Stakeholders		Contact details for all stakeholders and permittees are held within the due diligence for this Plan. Neighbours have been contacted via a letter and newspaper advertisement.	
Are there any stakeholder management actions that are required (including for noise management)?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Are there any residences or sensitive places (schools, school bus routes, daycare centers, hospitals, clinics, nursing homes)?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	No pesticide may be applied via ground application within 20m of a neighbour. Click to enter text.
Are there any known registered rights of way?		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Known Safety Hazards (to have controls incorporated within Site Safety Plan):			
Nearest FCNSW EMP	Refer to attached EMP document		
Overhead & Underground Hazards	Known overhead hazards have been marked on the Operations Map. Operators should confirm these hazards and inspect the site for more as part of an independent site inspection.		
Naturally Occurring Asbestos	NA		
Signage Requirements	Weed spraying in progress, forest establishment/operations, helicopter landing site and no entry (if applicable) signs must be used during operations at each site. Chemical application signs must be securely fastened to site entries and remain present for the duration of the withholding period.		
Notifications Given	Neighbours and Stakeholders have been notified of this Operation as per the FCNSW Pesticide Use Notification Plan.		
Specific PPE Requirements	As per SDS		
Hunting Exclusion	A hunting exclusion zone is in place for this Operation.		
Controls for high use roads	Internal or perimeter roads are to be closed to public for aerial operations. Green Hill Access Road is a major road. Operation is to take place over the weekend with an additional spotter available when working within 100m of Green Hills Access and Green Hills Forest Way.		
Other Hazards of Note:	Refer to Op map		
Operations Plan Attachments (tick as required)	<input checked="" type="checkbox"/> Operations Map <input type="checkbox"/> Site Safety Plan (if FCNSW Operation) <input checked="" type="checkbox"/> Medical Emergency Evacuation Plan <input checked="" type="checkbox"/> Chemical Safety Data Sheets <input checked="" type="checkbox"/> Chemical Labels <input type="checkbox"/> Relevant Pesticide Control Order <input type="checkbox"/> Relevant Flora & Fauna Profiles		

Chemical Application
Estimated chemical required for each compartment*:

*These figures are indicative only. Actual application values may vary and must be calculated by contractor.

Forestry Corporation Approval

[Signature]

Forestry Corporation Staff Acknowledgement

I have been briefed and understand the requirements of this operation plan:

Faulder

Contractor Acknowledgement

I, as the principle or delegated representative of the same, have received a copy of the Operations and;

- I understand the conditions in the Plan and take responsibility for them as they apply.
- I verify that I have been inducted and consulted on this Operations Plan by FCNSW.
- I undertake responsibility to induct all relevant personnel to this Operations Plan as required for Operations relevant to my business.

Signature _____

I, an employee of the contractor, have received a copy of the Operations and;

- I understand the conditions in the Plan and take responsibility for them as they apply;
- I verify that I have been inducted and consulted on this Operations Plan by the principle or delegated representative of the contractor.

Signature _____[illegible]