

Training Safety Plan

Training Subject	<input type="text"/>	Date Prepared	<input type="text"/>
Training Location	<input type="text"/>	Training Date	<input type="text"/>

LEAD INSTRUCTOR

Responsibilities: The Lead Instructor shall be responsible for the safety and welfare of all students and instructors. The lead instructor will assign all instructors tasks and ensure that the course curriculum is followed. The Lead Instructor will report any incident / accident or injury to the AHJ or designate immediately.

I acknowledge and accept the responsibilities for Lead Instructor:

Lead Instructor (Print)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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SAFETY OFFICER

Responsibilities: The Safety Officer shall be responsible for the prevention and elimination of unsafe acts and conditions. The Safety Officer shall ensure safety for all students, instructors, visitors and spectators. The Safety Officer shall not take on any other tasks, instructional or other while **practical operations** are ongoing. The Safety Officer must communicate with the Lead Instructor any identified hazards and immediately halt, suspend or terminate operations if he/she feels that an unsafe action or condition exists or is going to exist.

I acknowledge and accept the responsibilities for Safety Officer:

Safety Officer (Print)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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TRAINING PLAN APPROVALS:

LEAD INSTRUCTOR:	<input type="text"/>	DATE:	<input type="text"/>
SAFETY OFFICER:	<input type="text"/>	DATE:	<input type="text"/>
AUTHORIZED OFFICER:	<input type="text"/>	DATE:	<input type="text"/>

Training Safety Plan

STUDENTS IN TRAINING SESSION HAVE STUDENTS CHECK YES AND INITIAL THEY HAVE REVIEWED AND UNDERSTAND THE TRAINING SAFETY PLAN:		I UNDERSTAND THIS TRAINING SAFETY PLAN	
		YES / NO	STUDENT INITIALS
1		<input type="checkbox"/> Y <input type="checkbox"/> N	
2		<input type="checkbox"/> Y <input type="checkbox"/> N	
3		<input type="checkbox"/> Y <input type="checkbox"/> N	
4		<input type="checkbox"/> Y <input type="checkbox"/> N	
5		<input type="checkbox"/> Y <input type="checkbox"/> N	
6		<input type="checkbox"/> Y <input type="checkbox"/> N	
7		<input type="checkbox"/> Y <input type="checkbox"/> N	
8		<input type="checkbox"/> Y <input type="checkbox"/> N	
9		<input type="checkbox"/> Y <input type="checkbox"/> N	
10		<input type="checkbox"/> Y <input type="checkbox"/> N	
11		<input type="checkbox"/> Y <input type="checkbox"/> N	
12		<input type="checkbox"/> Y <input type="checkbox"/> N	
13		<input type="checkbox"/> Y <input type="checkbox"/> N	
14		<input type="checkbox"/> Y <input type="checkbox"/> N	
15		<input type="checkbox"/> Y <input type="checkbox"/> N	
16		<input type="checkbox"/> Y <input type="checkbox"/> N	
17		<input type="checkbox"/> Y <input type="checkbox"/> N	
18		<input type="checkbox"/> Y <input type="checkbox"/> N	
19		<input type="checkbox"/> Y <input type="checkbox"/> N	
20		<input type="checkbox"/> Y <input type="checkbox"/> N	
21		<input type="checkbox"/> Y <input type="checkbox"/> N	

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STUDENTS IN TRAINING SESSION HAVE STUDENTS CHECK YES AND INITIAL THEY HAVE REVIEWED AND UNDERSTAND THE TRAINING SAFETY PLAN:		I UNDERSTAND THIS TRAINING SAFETY PLAN	
		YES / NO	STUDENT INITIALS
22	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
23	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
24	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
25	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
26	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
27	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
28	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
29	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
30	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

INSTRUCTOR ASSIGNMENTS HAVE INSTRUCTORS CHECK YES AND INITIAL THEY HAVE REVIEWED AND UNDERSTAND THE TRAINING SAFETY PLAN AND THEIR INSTRUCTOR ASSIGNMENTS:		I UNDERSTAND THIS TRAINING SAFETY PLAN / INSTRUCTOR ASSIGNMENTS		
		YES / NO	INSTRUCTOR INITIALS	INSTRUCTOR ROLE ASSIGNED
1	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
2	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
3	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
4	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
5	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
6	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
7	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
8	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>
9	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="text"/>

Training Safety Plan

EMERGENCY ACTION PLAN:

1. First aid equipment shall be staged at the immediate site of training activity
2. Emergency phrase "FREEZE" to stop all work – no work shall continue until the appointed safety officer approves / confirms training is safe to continue
3. Emergency phrase "NO DUFF" is to be used in the event of an emergency on the training ground. All work shall stop immediately and students shall report to a pre-determined staging area. No work shall continue until the appointed safety officer approves / confirms training is safe to continue
4. If accident occurs, training will be stopped until incident is stabilized and investigated. The lead instructor shall assume the role of Rescue Sector Officer and will initiate an emergency response via two way radio with fire dispatch
5. The emergency will be mitigated through normal operational procedure and protocol
6. All incidents and "near misses" shall be reported, the same day, to the AHJ and an investigation shall be conducted if required / requested
7. Critical injury shall be reported immediately to the AHJ, law enforcement and the Ministry of Labour

Emergency Access / Notifications: (Where and how will first responders access the training grounds?)

Allied agencies notified of training location and times

Medical Station / Rehab: (Document the location of the medical station and REHAB location)

General Safety Factors and Supervision	Student to Instructor (span of control) ratio of 5:1 shall be in place during all practical training activities. This ratio shall be maintained while crews are engaged in hands-on activity where there is an increased hazard exposure training activity. Additionally we will strive for a 5:1 practical safety factor for all high angle rope rescue systems. We will assume a rescue load of 200kg (448 lbs) is one patient, rescuer and equipment
Direct Supervision	Every participant that is deemed to be taking part in increased hazard exposure training shall be in visual sight of an instructor or safety officer. An accountability and entry control system shall be utilized in accordance with GN 5-01.
Right of Refusal	This is a training program and any participant has the ability and right to request additional information, clarification and/or demonstration prior to participating in any activity.

Training Safety Plan

Work Plan

Lesson Plan(s): (Attach to Training Safety Plan)		
PPE Required for Training Session:	<input type="checkbox"/> Helmet / Gloves <input type="checkbox"/> Eye / Hearing Protection <input type="checkbox"/> Respiratory Protection / SCBA <input type="checkbox"/> Structural Firefighting Gear	<input type="checkbox"/> Water / Ice Rescue <input type="checkbox"/> Class III Harness <input type="checkbox"/> HAZMAT (Select Level) <input type="checkbox"/> Other
Group Equipment Required for Training Session	<input type="checkbox"/> Fire Apparatus <input type="checkbox"/> Technical Rope Rescue Equipment <input type="checkbox"/> Water / Ice Rescue Equipment <input type="checkbox"/> Vehicle Rescue Equipment	<input type="checkbox"/> HAZMAT Equipment <input type="checkbox"/> Firefighting Equipment <input type="checkbox"/> Other <input style="width: 150px;" type="text"/> <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>
Team Communications	<input type="checkbox"/> Visual (Hand Communications) <input type="checkbox"/> Verbal <input type="checkbox"/> Radio (Note Radio Channel) <input style="width: 100px;" type="text"/>	Additional Comments <input style="width: 250px; height: 40px;" type="text"/>
Machinery Lock-out/tag-out	Does machinery, valves, or gates need to be locked-out? <input type="radio"/> YES <input type="radio"/> NO If yes, has equipment been locked and tagged out of service? <input type="checkbox"/> YES	
Describe Training Scenario / Stations:		

Training Safety Plan

HAZARD ANALYSIS AND CONTROL MEASURES

CHECK ALL THAT APPLY

HAZARD CONDITION / DETAILS OF HAZARD	CONTROL MEASURES
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>

DIAGRAM OF TRAINING LOCATION

Training Safety Plan

Post-Training Debrief

Date: <input type="text"/>	Prepared By: <input type="text"/>
Safety Considerations:	List any additional safety measures that should be addressed during future training: <input type="text"/>
Anchorages Used / Special Techniques:	Describe the anchorage set-up used and any special techniques used: <input type="text"/>
Near Miss or Accidents:	Describe any near misses or accidents. If none, write "none". Attach additional pages if necessary: <input type="text"/>
Additional Comments:	<input type="text"/>