STRIKE	STEEP SLOPE ASSESSMENT CHECKLIST	CF-S-86

Steep slopes are typically categorized as having a measured gradient of 30% (16.7 degrees), or greater or as defined by the Prime Contractor. Shorter length or lower gradient slopes may also require mitigation measures due to other conditions (e.g., soil types, environmental factors, etc.).

Customer: _____ **Representative:** _____ **Date:** _____

Location: _____ **Strike Job No.:** _____

PRELIMINARY STEPS				
1	Is there a steep slope plan in place (as required)?	☐ Yes	☐ No	☐ N/A
2	Has the steep slope plan been reviewed with the crew?	☐ Yes	☐ No	☐ N/A
3	Have all equipment operators been deemed competent (CF-S-30O)?	☐ Yes	☐ No	☐ N/A
4	Has Strike received any required work authorizations from the Operating Authority	☐ Yes	☐ No	☐ N/A
5	Is there an ERP in place to address rescue on steep slope	☐ Yes	☐ No	☐ N/A

Equipment Stability					
	Item for Evaluation:	Comments:	Work Can Continue		Reevaluated
1	Soil Conditions (roughness, moisture, etc.)		☐ Yes	☐ No	☐
2	Soil Type		☐ Yes	☐ No	☐
3	Soil Depth to Bedrock		☐ Yes	☐ No	☐
4	Equipment Characteristics (Tracked /Wheeled)		☐ Yes	☐ No	☐
5	Other:		☐ Yes	☐ No	☐

Geological Stability					
	Item for Evaluation:	Comments:	Work Can Continue		Reevaluated
1	Surface Erosion		☐ Yes	☐ No	☐
2	Avalanche Danger		☐ Yes	☐ No	☐
3	Ground Water		☐ Yes	☐ No	☐
4	On and Offsite Soil Slips		☐ Yes	☐ No	☐

Winching Checklist					
	Item for Evaluation:	Comments	Work Can Continue		
1	Winch and tractors in working order		☐ Yes	☐ No	☐ N/A
2	Winch drum, shackles, rated for the required capacity		☐ Yes	☐ No	☐ N/A
3	Winch inspection completed		☐ Yes	☐ No	☐ N/A
4	Winch and tractor positioned in line with load		☐ Yes	☐ No	☐ N/A
4	Danger zone around winch has been discussed with all workers		☐ Yes	☐ No	☐ N/A
5	Signal person has been assigned as required		☐ Yes	☐ No	☐ N/A
6	Energy sources have been discussed (Gravity, Motion, etc.)		☐ Yes	☐ No	☐ N/A
7	Seatbelts engaged by all operators		☐ Yes	☐ No	☐ N/A
8	Spotters have been assigned as required		☐ Yes	☐ No	☐ N/A

Complete by:

Supervisor/Foreman: _____ **Signature:** _____ **Date:** _____

Client Representative: _____ **Signature:** _____ **Date:** _____

Reevaluated By: _____ **Signature:** _____ **Date:** _____

Checklist to be used as required based on the Customer or Strike hazard assessment