USDA – Forest Service **FS-2300-0052a** (v08-2014)

Chain Saw Evaluation Form

Name: **Date:**	**Agency/Cooperator Name:**
Training Location: *Classroom*: *Field*:	**Address:**
Telephone Number: **E-mail Address:**	☐ Yes, I permit the Forest Service to share my Sawyer qualifications and e-mail address with other federal agencies and non-federal organizations so that I can be contacted about saw project opportunities in my area. _____ (initial)

Previous Certification: *Yes* ☐ *No* ☐ *Level* _____ *Agency/Unit* _____ *Year* _____

First Aid/CPR: ☐ I certify that I have completed and will maintain current first aid amd CPR training _____(initial)

BELOW THIS LINE – TO BE COMPLETED BY SAWYER EVALUATOR

SAFETY EQUIPMENT AND TOOLS

Y/N		Y/N		Y/N	
	Hard hat		Gloves		Approved fuel/oil container
	Eye protection		Boots		Bar guard
	Hearing protection		Chaps		Whistle/radio/cellular telephone
	Long-sleeved shirt		Axe (3-5 lbs)		Wedges
	First aid kit		Chain saw		Tool kit

SAW USE: APPLIES TO ALL CUTTING OPERATIONS

SCORE				SCORE			
			Starting procedure				Bar tip use (boring)
			Correct body position				Positive communication with co-workers
			Thumb placement				Control of cutting area
			Bar tip use (general)				Cut preparation
			Chain brake use				

LIMBING and BRUSHING

SCORE				SCORE			
			Overhead & ground hazard analysis				Limb removal sequence
			Escape route				Spring poles (tension/compression analysis)
			Swamp out of work area				Kickback recognition

BUCKING

SCORE				SCORE			
			Overhead & ground hazard analysis				Wedging procedure
			Swamp out of work area				Bucking sequence
			Bind/tension (compression analysis)				Axe use
			Kerf observation				Use of compound cuts
			Escape route				Kickback recognition
			Multiple bind situations				

Privacy Act Statement

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Note to Evaluator: *Use a scale of 1 through 3 to identify proficiency:1 = Needs Work, 2 = Demonstrates Ability, 3 = Shows Strength. 0 or N/A means trainee was not evaluated in area or Not Applicable. Fill in all blanks.*

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Sawyer Name:

FELLING							
SCORE			**FELLING AREA**	**SCORE**			**FELLING PROCEDURE**
			Control of cutting area				Procedure alteration (if necessary)
			Ground & overhead hazard analysis				Wedging procedure
			Positive communication				Use of escape route/safety zone
			FELLING PROCEDURE				Exposure time at stump
			Go/no-go decision/walk away				
			Plumbing of lean (determination of lay)				**STUMP ANALYSIS**
			Cutting Plan				Felling to desired lay
			Use of gunning sights				Undercut/facecut
			Undercut/facecut				Back cut
			Warning shout				Stump shot
			Back cut				Hinge/holding wood
			Proper body position/looking up				Other

EVALUATOR'S STUMP ANALYSIS SKETCHES		
Tree 1 Height _____ DBH_____ % Slope_____Species _____ Condition_____ Feet from center of lay _____	**Tree 2** Height _____ DBH_____ % Slope_____ Species _____ Condition_____ Feet from center of lay _____	**Tree 3** Height _____ DBH_____ % Slope_____ Species _____ Condition_____ Feet from center of lay _____

COMMENTS: Attitude, Confidence, Comfort level, Technical Skills, Awareness, Verbal Skills, Weak-Strong Traits, etc.

Certification Level, Subject to Final Approval

☐ A Sawyer ☐ B Sawyer – Bucking Only ☐ B Sawyer – Felling and Bucking ☐ C Sawyer – Bucking Only
☐ C Sawyer – Felling and Bucking ☐ C Sawyer Evaluator

Evaluator's Signature _____Sawyer Level_____

Evaluator's Name _____ Evaluator's E-mail Address_____

Evaluator's Signature _____Sawyer Level_____

Evaluator's Name _____ Evaluator's E-mail Address_____

Student's Signature_____

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