

SAW OPERATOR FIELD EVALUATION SAWING

Name:

Previous certification:				
Chainsaw:	Level:	Year:	Location:	Organization or agency: BCHO <input type="checkbox"/> USFS <input type="checkbox"/> NPS <input type="checkbox"/>
Crosscut:	Level:	Year:	Location:	Organization or agency: BCHO <input type="checkbox"/> USFS <input type="checkbox"/> NPS <input type="checkbox"/>

Chain saw	Cross cut		Chain saw	Cross cut	
		SAFETY EQUIPMENT	N/A		Handle placement
		Hardhat	N/A		Cut preparation, bark removal
		Eye protection	N/A		Saw passing
	N/A	Ear protection		N/A	Starting procedure, chain brake engaged
		Boots		N/A	Thumb placement
		Gloves		N/A	Bar tip use
	N/A	Chaps		N/A	Chain brake use
		Ax or maul			
		Wedges			LIMBING AND BRUSHING
		Long-sleeved shirt			Brief swamper/saw crew
		Long trousers			Control cutting area
					Swamps out work area
		HAZARD ANALYSIS			Limbing with ax and pruning saw
		Overhead hazards, widow makers		N/A	Limbing with chain saw, bar tip safety
		Snags, leaners			Springpole removal
		Hangups			
		Springpoles, green-tree hazards			BUCKING
		Unsound wood, bark			Bind: tension/compression analysis
		Topography, steep ground			Cutting sequence
		Root wads, loose logs			Straight cut
		Environmental conditions: wind, rain, snow, ice			Kerf observation
		Ground hazards			Wedging
		Escape routes identified			Pie cut
		Crew safety			Compound cut
		Public safety			Offset cut
					Release cut movement
		SAW USE			Multiple binds
		Saw and ax condition	N/A		Single bucking (two-person saw)
		Saw and ax selection	N/A		Double bucking
		Saw protection			Underbucking
		Transporting and carrying saw			
		Safe, comfortable body position			
		Sheath placement and removal			

A = Acceptable **U** = Unacceptable **N/A** = Not applicable
 Any item marked with an asterisk (*) and/or an unacceptable rating must be documented in comments.

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Comments:

Student information	Name:	Organization:	<input type="checkbox"/> BCHO	Other:
	Address:	Phone (home):		
		Phone (mobile):		
	Date of Birth:	Email:		

		Certifying organization	Date issued	Expiration date
OSHA required safety courses	First Aid			
	CPR			

Classroom instruction	Location:		Date:
	Instructor	Printed name:	BCHO I/C <input type="checkbox"/>
		Signature:	USFS/NPS I/C <input type="checkbox"/>

Chainsaw field evaluation	Location:		Date:
	Recommended skill level: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> I/C <input type="checkbox"/>		Restrictions:
	Instructor	Printed name:	BCHO I/C <input type="checkbox"/>
	Signature:	USFS/ NPS I/C <input type="checkbox"/>	

Crosscut saw field evaluation	Location:		Date:
	Recommended skill level: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> I/C <input type="checkbox"/>		Restrictions:
	Instructor	Printed name:	BCHO I/C <input type="checkbox"/>
	Signature:	USFS/ NPS I/C <input type="checkbox"/>	