

CHAIN SAW INCIDENT REPORT

(Submit to Regional Safety Officer within 12 days of incident)

Chainsaw operator and title:

Date and time of incident (injury):

Name of Person(s) Injured:

Reporting Date:

Person Reporting Incident:

Activity (examples: fire, trail, brush crew):

Type and model of chainsaw:

Length of bar and chain type (chipper, chisel bit):

Personal protective equipment and clothing used:

Chainsaw operator experience (1 month, 6 months):

Operator chain saw training completion date(s):

Training instructor(s):

Name of training course used:

Approving Officer:

Extent of Accident and/or injury:

Description of accident/injury (what happened?):

Assessment of cause:

Submitted by:

Witness statement completed (date):

Name(s) of witness(es):

Line officer review and comments:

Line Officer Signature:

Date:

Note: This incident report does not eliminate or change the immediate Accident Notification and Investigation Procedures outlined in FSH 6709.12, Chapter 10.