



### Chain Saw Evaluation Form

<b>Name:</b>	<b>Date:</b>	<b>Agency/Cooperator Name:</b>
<b>Training Location:</b> Classroom: Field:		<b>Address:</b>
<b>Telephone Number:</b>	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)	
<b>E-mail Address:</b>		
<b>Previous Certification:</b> Yes No Level _____ Agency/Unit _____ Year _____		
<b>First Aid/CPR:</b> I certify that I have completed and will maintain current first aid and 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		

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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
			<b>FELLING PROCEDURE</b>				Exposure time at stump
			Go/no-go decision/walk away				
			Plumbing of lean (determination of lay)				<b>STUMP ANALYSIS</b>
			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**

<b>Tree 1</b>	<b>Tree 2</b>	<b>Tree 3</b>
Height _____ DBH _____	Height _____ DBH _____	Height _____ DBH _____
% Slope _____ Species _____	% Slope _____ Species _____	% Slope _____ Species _____
Condition _____	Condition _____	Condition _____
Feet from center of lay _____	Feet from center of lay _____	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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