



# Crosscut 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. _____ (Please initial here)	
<b>E-mail Address:</b>		

**Previous Certification:** Yes No Level \_\_\_\_\_ Agency/Unit \_\_\_\_\_ Year \_\_\_\_\_  
**First Aid/CPR:** 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		First aid kit		Saw sheath
	Eye protection		Saw selection & condition		Axe sheath
	Long-sleeved shirt		Axe selection & condition		Whistle/radio/cellular telephone
	Gloves		Maintenance of saw & axe		
	Boots		Wedges		

**SAW USE: APPLIES TO ALL CUTTING OPERATIONS**

SCORE		SCORE		SCORE	
	Transportation of saw & axe				Correct body position and technique
	Sheath placement & removal				Cut preparation
	Field storage of saw & axe				Positive communication with co-workers
	Saw passing				Control of cutting area

**LIMBING and BRUSHING**

SCORE		SCORE		SCORE	
	Overhead & ground hazard analysis				Swamp out of work area
	Limb removal sequence				Use of axe and general technique
	Escape route				Spring poles (tension/compression analysis)

**BUCKING**

SCORE		SCORE		SCORE	
	Overhead & ground hazard analysis				Single bucking
	Escape route				Double bucking
	Swamp out of work area				Underbucking
	Bind/tension (compression analysis)				Wedging procedure
	Bucking sequence				Axe use and general technique
	Kerf observation				Communication with partner
	Use of compound cuts				

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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-CONTINUED	
		Control of cutting area				Procedure alteration (if necessary)	
		Ground & overhead hazard analysis				Wedging procedure	
		Positive communication				Saw removal	
		<b>FELLING PROCEDURE</b>				Use of escape route/safety zone	
		Go/no-go decision/walk away				Exposure time at stump	
		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 _____ % Slope _____ Species _____ Condition _____ Feet from center of lay _____	Height _____ DBH _____ % Slope _____ Species _____ Condition _____ Feet from center of lay _____	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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