

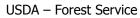
## Crosscut Saw Evaluation Form

Name:			Date:			Agency/Cooperator Name:				
<b>Training Location:</b> Classroom- Field-						Address:				
Telephone N	Telephone Number:					Yes, I permit the Forest Service to share my Sawyer qualifications and				
E-mail Address:						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)				
Previous Certification: Yes No Level Agency/U   First Aid/CPR: I certify that I have completed and will maintain current first aid						nitYear amd CPR training(initial)				
BELOW THIS LINE TO BE COMPLETED BY SAWYER EVALUATOR										
					JIPMENT			<u> </u>	Lenton	
Y/N	<u> </u>		Y/N					Y/N		
	Hard hat			First aid kit					Saw sheath	
	Eye protectio			Saw selection & co					Axe sheath	
	Long-sleeved shirt			Axe selection & conditio					Whistle/radio/cellular telephone	
	Gloves			Maintenance of saw &			axe			
	Boots	~		Wedge					~	
CODE		SAW USI	E: APPI	JES T	O ALL CU		G OPERA	ATIONS	<b>9</b>	
SCORE		rtation of saw & axe			SCORE		Correct bo	dunacit	ion and tachnique	
		I I I		Correct body position and technique Cut preparation						
	Sheath placement & removal Field storage of saw & axe					Positive communication with co-workers				
Saw passing						Control of cutting area				
LIMBING and BR										
SCORE			SCORI		1					
	Overhea	Overhead & ground hazard analysis					Swamp out of work area			
	Limb removal sequence					Use of axe and general technique				
	Escape r	Escape route				Spring poles (tension/compression analysis)				
BUCKING										
SCORE			SCORI			_				
	Overhead & ground hazard a		nalysis			Single bucking				
	1	Escape route					Double bucking			
		Swamp out of work area				Underbucking Wedding proceeding				
	Bind/tension (compression analysis)				Wedging procedure     Axe use and general technique					
	Bucking sequence     Kerf observation					Communication with partner				
	Use of compound cuts						Communic			
	0.50 01 0	ompound cuts		Priv	acy Act Stater	nent				
Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1, and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however if this form is incomplete, enrollment in the program cannot proceed. The U.S. Department of Agriculture (USDA) prohibits discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs,										

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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.





## **Crosscut Saw Evaluation Form**

		ELLING							
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						
	FELLING PROCEDURE		Use of escape route/safety zone						
	Go/no-go decision/walk away		Exposure time at stump						
	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 STU	MP ANALYSIS	SKETCHES						
	ee 1 Tuisht	Tree 2	Tree 3						
Height DBH % Slope Spec	Height     ies   % Slope	DDI Species	Height   DBH     % Slope   Species						
Condition	Condition	species	Condition						
Feet from center of la	Condition ay Feet from center of	lav	Feet from center of lay						
<b>COMMENTS:</b> 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 – Felling and Bucking C Sawyer – Bucking Only									
Evaluator's Signatur	re		Sawyer Level						
Evaluator's Name Evaluator's E-mail Address									
Evaluator's Signatur	re		Sawyer Level						
Evaluator's Name _	Eva	_ Evaluator's E-mail Address							
Student's Signature									

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