



Saw Operator Field Evaluation Form Bucking Only



Name: _____

Previous Certification:

Chain Saw:	Level/Restrictions:	Cert. Year:	Location:	Organization or agency: PCTA <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/>
Crosscut Saw:	Level/Restrictions:	Cert. Year:	Location:	Organization or agency: PCTA <input type="checkbox"/> USFS <input type="checkbox"/> BLM <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"/> PCTA	Other:
	Address:	Phone (home):	
		Phone (mobile):	
		Email:	

		Certifying Organization	Expiration date
OSHA Required Safety Courses	First Aid		
	CPR		

Classroom Instruction	Location:	Classroom hours:	Date:
	Written test? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has copy of <i>Chain Saw and Crosscut Saw Training Course</i> : Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Instructor	Printed name: Signature:	PCTA VSI <input type="checkbox"/> PCTA VSI-IT <input type="checkbox"/> USFS/BLM C/I <input type="checkbox"/>

Chain Saw Field Evaluation	Location:	Date:	
	Recommended skill level: A <input type="checkbox"/> B <input type="checkbox"/> VSI <input type="checkbox"/>	Restrictions:	
	Assistant Instructor	Printed name: Signature:	PCTA VSI <input type="checkbox"/> PCTA VSI-IT <input type="checkbox"/> USFS/BLM C/I <input type="checkbox"/>
	Instructor	Printed name: Signature:	PCTA VSI <input type="checkbox"/> USFS/BLM C/I <input type="checkbox"/>

Crosscut Saw Field Evaluation	Location:	Date:	
	Recommended skill level: A <input type="checkbox"/> B <input type="checkbox"/> VSI <input type="checkbox"/>	Restrictions:	
	Assistant Instructor	Printed name: Signature:	PCTA VSI <input type="checkbox"/> PCTA VSI-IT <input type="checkbox"/> USFS/BLM C/I <input type="checkbox"/>
	Instructor	Printed name: Signature:	PCTA VSI <input type="checkbox"/> USFS/BLM C/I <input type="checkbox"/>