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| **SAWYER NAME:**  | **DATE:** |
| **TRAINING LOCATION:***Classroom:* *Field*: | **SAWYER ADDRESS:** |
| **TELEPHONE NUMBER:** | **⬜** Yes, I permit the PCTA 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) |
| **E-MAIL ADDRESS:** |
| **PREVIOUS CERTIFICATION: ⬜** Yes **⬜** No Level Year**FIRST AID/CPR: ⬜** I certify that I have completed and will maintain current first aid and CPR training. (initial) |
| ***TO BE COMPLETED BY SAWYER EVALUATORS*** |
| **SAFETY EQUIPMENT AND TOOLS** |
| **Y/N** |  | **Y/N** |  | **Y/N** |  |
|  |  Hard hat |  |  Boots |  |  Axe |
|  |  Eye protection |  |  Chaps |  |  Chain saw |
|  |  Hearing protection |  |  First aid kit |  |  Bar guard |
|  |  Long-sleeved shirt/Long pants |  |  Whistle/radio/cellular telephone |  |  Tool kit |
|  |  Gloves |  |  Wedges |  |  Approved fuel/oil container |
| **SAW USE** Evaluators may score up to 3 attempts by sawyer to demonstrate proficiency. 0 or N/A= Not Evaluated, 1 = Needs Work, 2 = Demonstrates Ability, 3 = Shows Strength |
| **SCORE** |  | **SCORE** |  |
|  |  |  Positive communication with co-workers |  |  |  Starting procedure |
|  |  |  Control of cutting area |  |  |  Thumb placement |
|  |  |  Cut preparation |  |  |  Bar tip use (general) |
|  |  |  Correct body position |  |  |  Bar tip use (boring) |
|  |  |  Chain brake use |  |  |  |
| **LIMBING & BRUSHING** |
| **SCORE** |  | **SCORE** |  |
|  |  |  Overhead & ground hazard analysis |  |  |  Swamp out of work area |
|  |  |  Escape route |  |  |  Spring poles (tension/compression analysis) |
|  |  |  Limb removal sequence |  |  |  Kickback recognition |
| **BUCKING** |
| **SCORE** |  | **SCORE** |  |
|  |  |  Overhead & ground hazard analysis |  |  |  Use of compound cuts |
|  |  |  Escape route |  |  |  Wedging procedure |
|  |  |  Swamp out of work area |  |  |  Bucking Sequence |
|  |  |  Bind/tension (compression analysis) |  |  |  Axe use and general technique |
|  |  |  Multiple bind situations |  |  |  Kickback recognition |
|  |  |  Kerf observation |  |  |  |

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| **NAME:**  |
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| **COMMENTS:** Attitude, Confidence, Comfort level, Technical Skills, Awareness, Verbal Skills, Weak-Strong Traits, etc. |
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| **Certification Level (subject to final approval)**⬜ A Sawyer ⬜ B Sawyer – Bucking ⬜ C Sawyer – Bucking |

**First Evaluator**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sawyer Level \_\_\_\_\_\_\_\_\_

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Second Evaluator**

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sawyer Level \_\_\_\_\_\_\_\_\_\_

Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sawyer Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_