|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | |  |  | | |  | | |

|  |
| --- |
| **NAME:** |
|  |
| **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 ⬜ C Sawyer – Bucking |

**First Evaluator**

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

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

**Second Evaluator**

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

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

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