



Saw Operator Field Evaluation Form

Chain Saw - Bucking Only



SAWYER NAME:	DATE:
TRAINING LOCATION: Classroom: Field:	SAWYER ADDRESS:
TELEPHONE NUMBER:	<input type="checkbox"/> 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: _____

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 _____