



Crosscut Saw Evaluation Form

Sawyer Name:	Date:	Agency/Cooperator Name:
Training Location: Classroom: Field:		Sawyer Address:
Telephone Number:		<input type="checkbox"/> Yes, I permit the Forest Service 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Level____ Agency/Unit_____ Year _____		
First Aid/CPR: <input type="checkbox"/> I certify that I have completed and will maintain current first aid and CPR training. _____(initial)		

BELOW TO BE COMPLETED BY SAWYER EVALUATORS

SAFETY EQUIPMENT AND TOOLS

Y/N		Y/N		Y/N	
	Hard hat		First aid kit		Saw selection, condition and guard
	Eye protection		Whistle/radio/cellular/telephone		
	Long-sleeved shirt		Wedges		
	Gloves		Axe selection, condition & guard		
	Boots				

Evaluators may score up to 3 attempts by sawyer to demonstrate proficiency.

Do not use checkmarks: 0 or N/A= Not Evaluated, 1 = Needs Work, 2 = Demonstrates Ability, 3 = Shows Strength

WORKSITE ASSESSMENT AND PREPARATION

SCORE		SCORE	
	Overhead & ground hazard analysis		Swamp out of work area
	Cut-No cut decision		Spring poles: tension/compression analysis
	Escape route(s) (2 for double bucking)		Use of axe and general technique
	Limb removal sequence		

SAW USE

SCORE		SCORE	
	Positive communication with co-workers		Transportation of saw and axe
	Control of cutting area		Sheath removal and placement
	Cut preparation		Field storage of saw and axe
	Correct body position and technique		Saw passing

BUCKING

SCORE		SCORE	
	Establish cutting plan		Wedging procedure
	Communication with sawing partner		Bucking Sequence
	Reassess cutting plan if needed		Axe use and general technique
	Binds: tension, compression, torsion analysis		Single bucking
	Severe side bind and multiple bind situations		Double bucking
	Kerf observation		Under bucking
	Use of compound cuts		Over bucking

Privacy Act Statement

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.



Crosscut Saw Evaluation Form

SCORE	FELLING AREA	SCORE	FELLING PROCEDURE
	Go/no-go decision/walk away		Procedure alteration (if necessary)
	Control of cutting area		Wedging procedure
	Positive communication		Saw removal
			Use of escape route/safety zone
	FELLING PROCEDURE		Exposure time at stump
	Cutting Plan		
	Plumbing of lean (determination of lay)		STUMP ANALYSIS
	Use of gunning sights		Felling to desired lay
	Under cut/face cut		Under cut/face cut
	Warning shout		Back cut
	Back cut		Stump shot
	Proper body position/looking up		Hinge/holding wood
	Binds: tension, compression, torsion		

EVALUATOR'S STUMP ANALYSIS SKETCHES

Tree 1	Tree 2	Tree 3
Height _____ DBH _____	Height _____ DBH _____	Height _____ DBH _____
% Slope _____ Species _____	% Slope _____ Species _____	% Slope _____ Species _____
Condition _____	Condition _____	Condition _____
Feet from center of lay _____	Feet from center of lay _____	Feet from center of lay _____

Certification Level (subject to final approval)

COMMENTS: Attitude, Confidence, Comfort level, Technical Skills, Awareness, Verbal Skills, Weak-Strong Traits, etc.

- | | | |
|---|---|--|
| <input type="checkbox"/> A Sawyer - Bucking | <input type="checkbox"/> A Sawyer – Felling and Bucking | |
| <input type="checkbox"/> B Sawyer – Bucking | <input type="checkbox"/> B Sawyer – Felling and Bucking | <input type="checkbox"/> C Bucking Evaluator |
| <input type="checkbox"/> C Sawyer – Bucking | <input type="checkbox"/> C Sawyer – Felling and Bucking | <input type="checkbox"/> C Sawyer Evaluator |

First Evaluator

Signature _____ Sawyer Level _____

Name (print) _____ E-mail _____

Second Evaluator

Signature _____ Sawyer Level _____

Name (print) _____ E-mail _____

Sawyer Signature _____