



<b>Name:</b>	<b>Date:</b>	<b>Agency/Cooperator Name:</b> <p style="text-align: center;"><b>BCHW</b></p>
<b>Training Location:</b> Classroom: Field:		<b>Address:</b>
<b>Telephone Number:</b>		<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)
<b>E-mail Address:</b>		
<b>Previous Certification:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Level _____ Agency/Unit _____ Year _____		
<b>First Aid/CPR:</b> <input type="checkbox"/> I certify that I have completed and will maintain current first aid and CPR training _____ (initial)		

**BELOW THIS LINE – TO BE COMPLETED BY SAWYER EVALUATOR**

**SAFETY EQUIPMENT AND TOOLS**

Y/N		Y/N		Y/N	
	Hard hat		Gloves		Approved fuel/oil container
	Eye protection		Boots		Bar guard
	Hearing protection		Chaps		Whistle/radio/cellular telephone
	Long-sleeved shirt		Axe (3-5 lbs)		Wedges
	First aid kit		Chain saw		Tool kit

**SAW USE: APPLIES TO ALL CUTTING OPERATIONS**

SCORE		SCORE	
	Starting procedure		Bar tip use (boring)
	Correct body position		Positive communication with co-workers
	Thumb placement		Control of cutting area
	Bar tip use (general)		Cut preparation
	Chain brake use		

**LIMBING and BRUSHING**

SCORE		SCORE	
	Overhead & ground hazard analysis		Limb removal sequence
	Escape route		Spring poles (tension/compression analysis)
	Swamp out of work area		Kickback recognition

**BUCKING**

SCORE		SCORE	
	Overhead & ground hazard analysis		Wedging procedure
	Swamp out of work area		Bucking sequence
	Bind/tension (compression analysis)		Axe use
	Kerf observation		Use of compound cuts
	Escape route		Kickback recognition
	Multiple bind situations		

**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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA and USDI are equal opportunity providers and employers.

**Note to Evaluator:** Use a scale of 1 through 3 to identify proficiency: 1 = Needs Work, 2 = Demonstrates Ability, 3 = Shows Strength. 0 or N/A means trainee was not evaluated in area or Not Applicable. Fill in all blanks.



Sawyer Name: \_\_\_\_\_

FELLING							
SCORE		FELLING AREA		SCORE		FELLING PROCEDURE	
			Control of cutting area				Procedure alteration (if necessary)
			Ground & overhead hazard analysis				Wedging procedure
			Positive communication				Use of escape route/safety zone
			<b>FELLING PROCEDURE</b>				Exposure time at stump
			Go/no go decision/walk away				
			Plumbing of lean (determination of lay)				<b>STUMP ANALYSIS</b>
			Cutting Plan				Felling to desired lay
			Use of gunning sights				Undercut/facecut
			Undercut/facecut				Back cut
			Warning shout				Stump shot
			Back cut				Hinge/holding wood
			Proper body position/looking up				Other

**EVALUATOR'S STUMP ANALYSIS SKETCHES**

<b>Tree 1</b>	<b>Tree 2</b>	<b>Tree 3</b>
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 _____

**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  
 B Sawyer – Felling and Bucking  
 C Sawyer – Bucking  
 C Sawyer – Felling and Bucking  
 C Sawyer Evaluator

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

Evaluator's Name \_\_\_\_\_ Evaluator's E-mail Address \_\_\_\_\_

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

Evaluator's Name \_\_\_\_\_ Evaluator's E-mail Address \_\_\_\_\_

**Note to Evaluator:** Use a scale of 1 through 3 to identify proficiency: 1 = Needs Work, 2 = Demonstrates Ability, 3 = Shows Strength. 0 or N/A means trainee was not evaluated in area or Not Applicable. Fill in all blanks.