

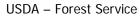
Crosscut Saw Evaluation Form

Name:		Date:		Agency/Cooperator Name:			
Training Location: Classroom- Field-				Address:			
Telephone N	Telephone Number:				Yes, I permit the Forest Service to share my Sawyer qualifications and		
E-mail Address:				e-mail address with other federal agencies and non-federal organizations so that I can be contacted about saw project opportunities in my area (Please initial here)			
Previous Certification: Yes No Level Agency/U				it		Year	
First Aid/CPR: I certify that I have completed and will maintain current first aid amd CPR training(initial)							
BELOW THIS LINE TO BE COMPLETED BY SAWYER EVALUATOR							
			EQUIPMENT				
Y/N		Y/N			Y/N		
]	Hard hat	Fii	rst aid kit			Saw sheath	
	Eye protection		Saw selection & condition			Axe sheath	
Long-sleeved shirt			Axe selection & condition			Whistle/radio/cellular telephone	
Gloves			Maintenance of saw & axe				
-	Boots		edges			~	
SAW USE: APPLIES TO ALL CUTTING OPERATIONS							
SCORE	Transportation of some & and		SCORE		a dr. maaii	tion and tachnique	
	Transportation of saw & axe Sheath placement & remova		Correct body position and technique Cut preparation				
	Field storage of saw & axe		Positive communication with co-workers				
	Saw passing			Control of cutting area			
	LIM	USHING					
			SCORE				
	Overhead & ground hazard	analysis			out of wor	·k area	
	Limb removal sequence				Use of axe and general technique		
	Escape route			Spring poles (tension/compression analysis)			
BUCKING							
SCORE			SCORE				
	Overhead & ground hazard analysis			Ŭ	Single bucking		
	Escape route			Double bucking			
	Swamp out of work area			Underbucking			
	Bind/tension (compression analysis)			Wedging procedure Axe use and general technique			
	Bucking sequence Kerf observation			Communication with partner			
	Use of compound cuts						
	ese of compound cuts		Privacy Act Stater	nent			
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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.





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FELLING								
SCORE	FELLING AREA	SCORE	FELLING PROCEDURE-CONTINUED					
	Control of cutting area		Procedure alteration (if necessary)					
	Ground & overhead hazard analysis		Wedging procedure					
	Positive communication		Saw removal					
	FELLING PROCEDURE		Use of escape route/safety zone					
	Go/no-go decision/walk away		Exposure time at stump					
	Plumbing of lean (determination of lay)		STUMP ANALYSIS					
	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								
n	Free 1 Tre		Tree 3					
Height DB								
% SlopeSpe	ecies % Slope S		// Slope Species					
Condition	Condition							
Feet from center of		v	Feet from center of lay					
	S: Attitude, Confidence, Comfort level, Techr							
	<u>Certification Level, St</u>	ıbject to Final A	Approval					
A Sawyer B Sawyer – Bucking Only B Sawyer – Felling and Bucking Sawyer – Bucking Only								
	C Sawyer – Felling and	Bucking $\Box C$	2 Sawyer Evaluator					
Sawyer Level		tor's E-mail Ad	dress					
		uor s ll-man Au	uress					
Sawyer Level								
Evaluator's Name Evaluator's E-mail Address								

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