



A/B/C Sawyer

Evaluation Type: <input type="checkbox"/> Initial evaluation <input type="checkbox"/> Re-evaluation Current Certification Level:	Sawyer's Name: Work Address: Email:
Classroom Location/Date: Evaluation Location/Date:	Region: Forest: Ranger District/ Zone: Volunteer Partner/Cooperator Group: Saw Program Coordinator (Forest/Unit) or Sawyer's Supervisor Name: Email:
<input type="checkbox"/> First Aid/CPR: I certify that I have completed and will maintain current first aid and CPR training. _____(sawyer's initial) <input type="checkbox"/> Nationally Recognized Sawyer Training Course (NTSTC): I certify that I have completed a Nationally Recognized Sawyer Training Course (NRSTC) and will maintain certification. _____(sawyer's initial) <input type="checkbox"/> Eligible for Wildland Fire (Completed guard school + NRSTC with Fireline Equivalency)	

BOXES BELOW TO BE FILLED BY SAWYER INSTRUCTORS OR EVALUATORS

Check boxes Y or N or N/A

SAW HANDLING AND OPERATIONS			
	Chainsaw safety check demonstrated [5-point]		Procedural size up [OHLEC] process articulated
	Correct chain brake use demonstrated		Correct boring procedures demonstrated
	Correct starting procedures demonstrated		Reactive forces demonstrated

BUCKING OPERATIONS

Use a scale of 1 through 3 to identify per-log proficiency: 1=Needs Work, 2=Demonstrates Ability, 3=Shows Proficiency.

Score	OBJECTIVE	Score	ESCAPE PLAN
	Objective clearly articulated		Escape plan clearly articulated
	Work/cutting area controlled		Good side/bad side determined
HAZARDS			Escape path(s) determined and cleared
	Hazards relative to objective identified and mitigated		Escape plan utilized
	Work area cleared		CUT PLAN
	Spring poles mitigated		Cut plan articulated
BINDS			Cut sequence utilized
	Location and type of binds recognized		Wedges utilized (if applicable)
	Bole movement anticipated		Cut plan implemented
	Correct cut sequence utilized		
SAWYER ANALYSIS - BUCKING			
	Firm, comfortable grip with thumb wrapped around handlebars demonstrated		Cutting plan followed (rationale for deviation communicated)
	Proper stance, solid footing, body to one side, and no overreach demonstrated		Saw handling demonstrated (use of chain brake, deliberate/ intentional cutting, chain does not contact ground, etc.)
	Bind correctly mitigated (avoids bar pinch)		Complexity determined
	Log stability determined (anticipated and predicted movement)		Work/cutting area controlled—communicated with swamper and any downhill workers (e.g. warning shout)

FELLING OPERATIONS

Use a scale of 1 through 3 to identify per-tree proficiency: 1=Needs Work, 2=Demonstrates Ability, 3=Shows Proficiency.

Score	OBJECTIVE	Score	ESCAPE PLAN
	Objective clearly articulated		Escape plan clearly articulated
	Tree height determined		Escape path(s) identified and cleared
HAZARDS			CUT PLAN
	Hazards relative to objective identified and mitigated		Cut plan articulated
	Work area hazards identified and mitigated		Cutting area controlled
	Fiber condition assessed (e.g., sounding)		Undercut removed
LEANS			Hinge constructed
	Types of leans determined		Back cut executed
	Amount of lean in feet calculated		Wedge(s) used (if applicable)
	Good side and bad side determined		Cut plan implemented



A/B/C Sawyer

TREE #1	TREE #2	TREE #3
Height _____ DBH _____ Species _____ Feet from center of lay _____ Complexity rating (H, M, L) _____	Height _____ DBH _____ Species _____ Feet from center of lay _____ Complexity rating (H, M, L) _____	Height _____ DBH _____ Species _____ Feet from center of lay _____ Complexity rating (H, M, L) _____

SAWYER ANALYSIS - FELLING						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Firm, comfortable grip with thumb wrapped around handlebars demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	Cutting plan followed (rationale for deviation communicated)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid footing, body to one side, and no overreach demonstrated	<input type="checkbox"/>	<input type="checkbox"/>	Objective attained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fiber condition determined	<input type="checkbox"/>	<input type="checkbox"/>	Acceptable hinge constructed (80%+/ 10%-)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complexity determined	<input type="checkbox"/>	<input type="checkbox"/>	Go/No-Go decision

COMMENTS

Recommendation for Level of Certification

- A-Sawyer Bucking
 A-Sawyer Felling & Bucking
 B-Sawyer Bucking
 B-Sawyer Felling & Bucking
 C-Sawyer Bucking
 C-Sawyer Felling & Bucking
 C-Evaluator Bucking
 C-Evaluator Felling & Bucking

Evaluator Name:	Signature:
Evaluator Certification Level:	E-mail:
Evaluator Name:	Signature:
Evaluator Certification Level:	E-mail:
Student Signature (optional):	Date:

NOTE: Please attach any evaluation photos or additional drawings to this document.