



A/B/C Sawyer

Evaluation Type: ☐ Initial evaluation ☐ Re-evaluation Current Certification Level:	Sawyer's Name: Work Address: Email: Phone:
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:
☐ First Aid/CPR: I certify that I have completed and will maintain current first aid and CPR training. _____(sawyer's initial) ☐ Nationally Recognized Sawyer Training Course (NRSTC): I certify that I have completed a Nationally Recognized Sawyer Training Course (NRSTC) and will maintain certification. _____(sawyer's initial) ☐ Eligible for Wildland Fire (Completed guard school + NRSTC with Fireline Equivalency)	

BOXES BELOW TO BE FILLED BY SAWYER INSTRUCTORS OR EVALUATORS*Use a scale of 1 through 3 to identify per-tree proficiency: 1=Needs Work, 2=Demonstrates Ability, 3=Shows Proficiency.*

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		Slab mitigation
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.)
	Binds 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)

Comments:



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Sawyer name:

LOG #1	LOG #2	LOG #3
DIA _____ Length _____ Species _____ Cut Plan _____ Complexity rating (H, M, L) _____	DIA _____ Length _____ Species _____ Cut Plan _____ Complexity rating (H, M, L) _____	DIA _____ Length _____ Species _____ Cut Plan _____ Complexity rating (H, M, L) _____
COMMENTS		

Recommendation for Level of Certification

☐ A-Sawyer Bucking ☐ B-Sawyer Bucking ☐ C-Sawyer Bucking ☐ C-Sawyer Evaluator Bucking

Evaluator Name:	Signature:
Evaluator Certification Level:	E-mail:
Evaluator Name:	Signature:
Evaluator Certification Level:	E-mail:
Student Signature:	Date:

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