

SAW RELATED INCIDENT REPORT

Submit to Regional Sawyer Program Manager within 12 days of incident, please be succinct

SAW OPERATOR INFORMATION

Name

Title

Phone #

Contact Address

Email

DUTY STATION/UNIT

Name & Address

Phone #

INCIDENT INFORMATION

INCIDENT DATE

INCIDENT LOCATION

NATURE OF INCIDENT AND/OR INJURY:

ESTIMATED COST

NAME OF PERSON(S) INVOLVED

DEPARTMENT OF PERSON(S) INVOLVED

EMPLOYMENT STATUS

OTHER

PERSON REPORTING INCIDENT

INCIDENT/ACTIVITY/NARRATIVE

(example, line construction, trail clearing, brush crew)

DESCRIPTION OF INCIDENT

ASSESSMENT OF CAUSE

CORRECTIVE ACTION TAKEN

Personal Protective Equipment Used

Hard Hat	Eye protection	Ear protection	Long sleeved shirt
Gloves	Long pants	Chaps	8" Leather boots

CHAINSAW TYPE AND CERTIFICATIONS

TYPE/MODEL OF CHAINSAW OR CROSSCUT SAW

(example; Stihl 461, 28" bar, chisel bit or 4' Crosscut, lance tooth)

SAW CERTIFICATION LEVEL

