## **SAW RELATED INCIDENT REPORT**

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

SAW OPERAT	TOR INFORMATION			
Name				
Title	Phone #			
Contact Address				
Email				
DUTY S	TATION/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 REPO	ORTING INCIDENT			
-	TIVITY/NARRATIVE ruction, trail clearing, brush crew)			
DESCRIPTION	OF INCIDENT			
ASSESSMENT	OF CAUSE			
CORRECTIVE A	ACTION TAKEN			
	Persona	l Protective Equipme	nt Used	
Hard Hat Gloves	Eye protection Long pants	Ear protection Chaps	Long sleeved shirt 8"Leather boots	
_	CHAINSAN  OF CHAINSAW OR CRO 28" bar, chisel bit or 4' Crosscut, la		CATIONS	

**SAW CERTIFICATION LEVEL** 

YEARS OF OPERATOR EXPERIENCE			
MOST RECENT SAW CERTIFICATION DATE			
Chainsaw Crosscut			
UNIT SAW PROGRAM COORDINATOR: (Name, title, email, phone#, contact address)			
Name Title			
Email Phone#			
Address			
NATIONAL RECOGNIZED SAWYER TRAINING CURRICULUM ATTENDED:			
S212 MTDC Game of logging Other			
Serie of logging			
CERTIFYING OFFICIAL WHO SIGNED SAW CARD (Name, title email, contact address & phone#)			
SUBMISSION SIGNATURE AND WITNESS STATEMENT			
SUBMISSION SIGNATURE AND WITNESS STATEMENT			
SUBMITTED BY			
WITNESS STATEMENT COMPLETED BY			
WITNESS OR WITNESSES			
Name & Email			
Name & Email			
LINE OFFICER / REVIEW & COMMENTS			
LINE OFFICER			
LINE OTTICEN			
DATE			
LINE OFFICER SIGNATURE			

NOTE: This incident report does not eliminate or change the immediate Accident Notification and Investigation Procedures outlined in FSM 6730.