

# **Crosscut Evaluation Form**

A/B Sawyer

Evaluation Type:	Name: Work Address:			
Current Certification:	Email:			
Classroom Location/Date: Provide certificate with appropriate modules.		Region: Forest: Ranger District/ Zone: Volunteer Partner/Cooperator Group:		
Evaluation Location/Date:		Supervisor Name: Supervisor Email:		
First Aid/CPR: I certify that I have completed and will maintain current first aid and CPR training(initial)				

## BOXES BELOW TO BE FILLED BY SAWYER INSTRUCTORS OR EVALUATORS

Check boxes Y or N or N/A

TOOLS AND EQUIPMENT				
Appropriate saw selection and maintenance	Proper wedge selection			
Appropriate ax selection and maintenance				
Lubrication/Solvent	Other companion tools (peavey, winch, underbuck, etc.)			
SAF	ETY EQUIPMENT			
Missing or non-functioning ite	ems will result in suspension of evaluation.			
Head protection	Boots			
Eye protection	Gloves			
Leg protection (long pants)	Radio or other communication device			
SAW HAND	DLING AND OPERATIONS			
Transportation of saw and ax	Correct body position and technique			
Sheath placement and removal	Cut preparation			
Saw passing	Positive communication with saw partner and co-workers			
Field storage of saw and ax	Control of cutting area			
Describes OHLEC process				

### **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 area control				Good side / bad side determined	
Score	HAZARDS		Escape path(s) determined and cleared		Escape path(s) determined and cleared	
	Hazards relative to objective identified and mitigated				Escape plan utilized	
	Clears work area	Score			CUT PLAN	
	Spring poles mitigated				Articulation of cut plan	
Score	BINDS				Sequence of cuts	
	Location and type of binds recognized				Use of wedges	
	Bole movement anticipated				Implementation of cut plan	
	Correct cut sequence					

SAWYER ANALYSIS				
Firm but comfortable grip of saw handles		Adherence to cutting plan or communicates reason for deviation		
Proper stance, footing, body to one side (pull across body), proper pull/push timing		Single bucking (if applicable)		
Anticipates binds correctly (avoids saw pinch)		Work area control - communication with saw partner and co-workers (warning shout, if needed)		
Determine stability of the log (anticipate & predicts movement)		Protect saw (remove bark, place bark under cut, finish single bucking) as needed		



## **Crosscut Evaluation Form**

FS-2300-0052a (2023)

## A/B Sawyer

## **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) determined and cleared	
Sco	Score HAZARDS		Sco	Score		CUT PLAN	
		Hazards relative to objective identified and mitigated				Articulation of cut plan	
		Work area hazards identified and mitigated				Cutting area control	
		Sounding and fiber condition				Undercut	
Sco	ore	LEANS				Hinge	
		Determine types of lean				Back cut	
		Calculate amount of lean				Use of wedges	
		Good side / bad side determined				Implementation of cut plan	

EVALUATOR SKETCH TREE #1	EVALUATOR SKETCH TREE #2	EVALUATOR SKETCH TREE #3
Height DBH	Height DBH	Height DBH
% Slope Species	% Slope Species	% Slope Species
Condition	Condition	Condition
Feet from center of lay	Feet from center of lay	Feet from center of lay

SAWYER ANALYSIS				
Firm but comfortable grip of saw handles	Adherence to cutting plan or communicates reason for			
	deviation			
Proper body position relative to saw, pulls across body	Positive communication with saw partner			
Determine fiber condition of objective	Ax use (undercut) leg back in case of glancing blow			
Acceptable hinge constructed (80%+/ 10%-)	Work area control – Warning shout			
Proper wedge selection & placement	Met objective			

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#### Recommendation for Level of Certification (subject to final approval)

A-Sawyer Bucking A-Sawyer Felling & Bucking B-Sawyer Bucking B-Sawyer Felling & Bucking

Evaluator (print)	Signature
Evaluator Certification Level	E-mail
Student Signature (optional)	_Date

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