| Trainee:   | Agency / Tribe:     |  |
|------------|---------------------|--|
| Evaluator: | Date of Evaluation: |  |

**Evaluation Category** 

Rating

| 1. Safety Equipment    |        |
|------------------------|--------|
| Hardhat                |        |
| Gloves                 |        |
| Long Sleeve Shirt      |        |
| Ear Protection         |        |
| Eye Protection         |        |
| Chaps                  |        |
| Boots                  |        |
| Wedges (3 minimum)     |        |
| Falling Axe (3-5 lbs.) |        |
| Category               | Rating |

| 2. Hazard Analysis                            |  |
|---|--|
| Tree top, dead limbs, "widow makers"          |  |
| Tree and bark soundness (rot)                 |  |
| Leans   |  |
| Hang-ups                                      |  |
| Ground hazards (roots, root wads, loose logs) |  |
| Snags/Green Trees in Fall Zone                |  |
| Canopy / weight distribution                  |  |
| Other   |  |
| Category Rating                               |  |

| 3. Felling Area Safety Plan          |  |
|--------------------------------------|--|
| Crew Safety – Safety Zone Identified |  |
| Secure Working Area                  |  |
| Escape Route identified              |  |
| Communication of Intent              |  |
| Category Rating                      |  |

| 4. Saw Condition, Start-Up and Use |  |  |  |  |
|------------------------------------|--|--|--|--|
| Chain Tension / sharpened          |  |  |  |  |
| Gas, Bar Oil, Nuts and Bolts       |  |  |  |  |
| Chain Brake                        |  |  |  |  |
| Throttle Lock Use                  |  |  |  |  |
| Chain Break Use                    |  |  |  |  |
| Starting Procedure                 |  |  |  |  |
| Thumb Grip/Placement               |  |  |  |  |
| Safe, Comfortable Body Position    |  |  |  |  |
| Bar Tip Use and Boring             |  |  |  |  |
| Category Rating                    |  |  |  |  |

| 5. Felling Procedure         |  |
|------------------------------|--|
| Escape Route and Safety Zone |  |
| Swampout work area           |  |
| Lean determination           |  |
| Category Rating              |  |

Evaluation Category

Rating

| 5. Felling Procedure, continued.  |  |
|-----------------------------------|--|
| Gunning Cut                       |  |
| Use of Gunning Sights             |  |
| Sloping Cut                       |  |
| Warning Shouts                    |  |
| Back Cut                          |  |
| Use of Wedges                     |  |
| Use of Escape Route / Safety Zone |  |
| Use of felling dogs               |  |
| No-Go Determination (Leave-It)    |  |
| Category Rating                   |  |

| 6. Fall / Stump Analysis |      |
|--------------------------|------|
| Felled to Desired Lay    |      |
| Felled to Other Lay      |      |
| Undercut Positioning     |      |
| Gunning Cut              |      |
| Sloping Cut              |      |
| Holding Wood             |      |
| Stump Shot (height)      |      |
| Category Ra              | ting |

| 7. Limbing Procedures     |  |
|---------------------------|--|
| Overhead Dangers          |  |
| Body Positioning          |  |
| Spring Poles              |  |
| Tension, Compression Wood |  |
| Limb Removal Sequence     |  |
| Use of Bar Tip            |  |
| Category Rating           |  |

| 8. Bucking Procedures              |  |
|------------------------------------|--|
| Overhead Hazards                   |  |
| Ground Hazards                     |  |
| Identify Binds/Tension/Compression |  |
| Use of Wedge/Pie Cut               |  |
| Cut Sequence                       |  |
| Kerf Observation                   |  |
| Release Cut Movement               |  |
| Angle Cut                          |  |
| Drop Cut                           |  |
| Category Rating                    |  |

Evaluator will score each rating area with: G (Good); F (Fair); P (Poor).

**Evaluator Comments** (Consider attitude, technical knowledge, physical ability, verbal skills, recommendations and other elements):

|                       | Yes | No | Levei | Where | Year |
|-----------------------|-----|----|-------|-------|------|
| Previously Certified? |     |    |       |       |      |

| Faller Skill / Qualification Level – Evaluator's Recommendation<br>(Note: Evaluator Must Sign Appropriate Box) |                     |                 |                      |  |  |
|--|---------------------|-----------------|----------------------|--|--|
| Apprentice Sawyer  | Intermediate Faller | Advanced Faller | "C" Faller Certifier |  |  |
| (FALA)   | (FALB)              | (FALC)          | (CCRT)               |  |  |

\*\* Qualification will be recorded in the IQCS (Incident Qualification and Certification System)

| Classroom Instruction<br>Given at:            |        | Date:  |
|---|--------|--------|
| Instructor Signature:                         | Title: | Level: |
| Field Examination<br>Given at:                |        | Date:  |
| Evaluator's Signature:                        | Title: | Level: |
| Home Unit Certifying<br>Official's Signature: | Title: | Date:  |

Copies of this Evaluation should be provided to the Employee, the Employee Supervisor, the Certifying Official and Regional Safety Officer (if any) and maintained in employee's official training files.