

SAW RELATED INCIDENT REPORT

(Submit to Regional Sawyer Program Manager within 12 days of incident)

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|---|--|
| Saw operator contact information (name, title, address, email, and phone number): _____ _____ _____ | |
| Duty station/unit (name, address, phone number): _____ _____ _____ | |
| Incident location: | |
| Date and time of incident/injury: | |
| Name of person(s) involved: | Volunteer <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Permanent Employee <input type="checkbox"/> Timber <input type="checkbox"/> Fire <input type="checkbox"/> Recreation <input type="checkbox"/> Engineering <input type="checkbox"/> LEI <input type="checkbox"/> |
| Person Reporting Incident: | |
| Incident/activity narrative (examples: line construction, trail clearing, brush crew): _____ _____ _____ | |
| Type/model of chainsaw or crosscut saw (examples: Stihl 461, 28" bar, chisel bit or 4' Crosscut, lance tooth): | |
| PPE used: hard hat <input type="checkbox"/> eye protection <input type="checkbox"/> ear protection <input type="checkbox"/> long-sleeved shirt <input type="checkbox"/> gloves <input type="checkbox"/> long pants <input type="checkbox"/> chaps <input type="checkbox"/> 8" leather boots <input type="checkbox"/> Other: | |
| Saw operator experience & certification level (example: A Sawyer bucking/felling 1 month, C Sawyer Bucking Only, 5 yrs.): | |
| Saw recertification date: chainsaw: | crosscut saw: |
| Unit Saw Program Coordinator (name, title, email, phone number & address): _____ _____ | |
| National Recognized Sawyer Training Curriculum attended: S-212 <input type="checkbox"/> MTDC <input type="checkbox"/> Game of Logging <input type="checkbox"/> other: | |
| Certifying Official who signed saw card (name, title, email, address & phone number): _____ _____ | |
| Extent of accident and/or injury): _____ _____ _____ | |

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|---|-------|
| Description of incident (what happened?): | |
| Assessment of cause: | |
| Submitted by: | |
| Witness statement completed by: | Date: |
| Name, email, phone number of witness(es): | |
| _____ | |
| _____ | |
| Line officer review and or comments: | |
| Line officer signature: | Date: |
| Note: This incident report does not eliminate or change the immediate Accident Notification and investigation Procedures outlined in FSH 6709.12, Chapter 10. | |