



USFS Job Aid for Advanced C Sawyer (FAL1)

DRAFT

SIGNATURE PAGE

Initiation

Trainee's Name: _____

Home Unit/Organization: _____

Home Unit Address: _____

Phone Number: _____

Initiated By: _____

Title: _____

Home Unit/Organization: _____

Phone Number: _____

Date: _____

- This job aid has been developed to ensure trainee sawyers are prepared and understand requirements to meet the consistent expectations of Advanced Sawyers for the USFS, for both fireline and non-fireline positions.
- Acceptable performance in this job aid, as observed and documented by a qualified C Sawyer or C-Sawyer Evaluator, will result in a recommendation for the student to participate in a C Sawyer class/workshop for an evaluation as defined in the USFS 2358 Saw Policy.
- Must be a current B Sawyer before participating in this Job Aid.
- Tasks identified in the C Sawyer Job Aid must be completed at an acceptable level before a student is recommended to attend an official Advanced Sawyer class/workshop for evaluation.
- Any student recommended for an Advanced C Sawyer workshop prior to completing all tasks will need a letter, from the unit Saw Coordinator, that describes prior experience. The letter and signed job aid will be sent to the Regional Saw Program Manager.
- It is recommended that the student have more than one trainer/ evaluator to complete this job aid. It is the student's responsibility to have all trainers/ evaluators accurately record all tasks and experience received while under their observation.
- Training must meet the standards set in the 2358 USFS Saw Policy.



Advanced Sawyer (FAL1) Job Aid

Trainee Name: _____

Evaluators should initial and assign one of the three ratings for each task observed. Written feedback is encouraged for all other ratings.

- 1 = Needs work to meet the standard for the task
- 2 = Demonstrates ability to meet the standard for the task
- 3 = Shows proficiency and exceeds the standard for the task

Standard Tasks for the Advanced Sawyer (FAL1)

	Risk Management	CODE	Position Evaluation Record Number			
			1	2	3	4
1	Prepare an emergency medical plan and ensure that it is in place for the current or planned saw operations. Ensure all personnel are familiar with the medical plan and response to an Incident Within an Incident (IWI).					

	Preparedness	Position Evaluation Record Number			
		1	2	3	4
2	Comprehensive knowledge of saw program policy (FSM 2358, OSHA 1910.66) approved NRSTC curriculums, and standard practices.				
3	Conducts both formal saw training and field evaluations and provides constructive feedback.				
4	Properly identifies any tree defects, understands the impacts on the saw operations, and develops mitigations				
5	Explains concepts of tree segments and calculating lift to overcome tree lean and limiting factors.				

	Procedural Size-Up (Bucking)	Position Evaluation Record Number			
		1	2	3	4
6	Clearly articulates an <i>Objective</i> for a high complexity bucking operation.				
7	Recognizes and articulates <i>hazards</i> utilizing the “Outside In-Top Down” approach that may impact the bucking operation.				
8	Able to clearly define <i>binds</i> as it relates to the objective and determines good side/bad side.				

9	Develops an <i>escape plan</i> for a high complexity bucking operation.				
10	Develops a <i>cutting plan</i> that includes sequence and description of bucking cuts and wedging plan, if appropriate.				
11	Determines <i>complexity</i> and <i>Go/No-go</i> decision.				

Advanced Sawyer Technical Skills - Bucking		Position Evaluation Record Number			
		1	2	3	4
12	Can safely buck trees under substantial tension, compression, and torsion (multiple bind situation) – high release of energy expected.				
13	Safely execute a cut plan to buck a large diameter tree (greater than bar length).				
14	Safely execute a cut plan to remove or reposition a hung-up tree.				
15	Safely execute a cut plan to buck a tree on a steep slope (>20 percent).				
16	Safely execute a bucking operation comprised of individual blowdown, wind-shook, or shattered trees.				
17	Safely execute a bucking operation in storm damage (i.e. jackstraw, avalanche, hurricane, etc.)				

Procedural Size-Up (Felling)		Position Evaluation Record Number			
		1	2	3	4
18	Clearly articulates an <i>Objective</i> for a high complexity felling operation.				
19	Recognizes and articulates <i>hazards</i> utilizing the “Outside In-Top Down” approach that may impact the felling operation.				
20	Able to clearly define both “natural” and “calculated” <i>leans</i> as it relates to the objective and determines good side/bad side.				
21	Develops an <i>escape plan</i> for a high complexity felling operation.				
22	Develops a <i>cutting plan</i> that includes description of undercut, backcut, hinge width and location, stump shot height, and complex wedging plan.				
23	Determines <i>complexity</i> and <i>Go/No-go</i> decision.				

Advanced Sawyer Technical Skills – Felling					
24	Able to accurately determine fiber integrity and areas of decay and how it will affect cutting and wedging plans using standard practices.				

25	Demonstrates ability creating a conventional undercut.				
26	Demonstrates ability creating a Humboldt undercut.				
27	Demonstrates ability creating an open-faced undercut.				
28	Determines the appropriate backcut (conventional, boring, quarter, keyhole, etc.) and are able to articulate pros/cons of the selected cut.				
29	Safely execute a cut plan to fell a large diameter tree that requires a double/triple cut.				
30	Safely execute a cut plan to fell a tree with significant side lean.				
31	Safely execute a cut plan to fell a tree with significant back lean.				
32	Safely execute a cut plan to fell a tree with significant forward lean.				
33	Safely execute a cut plan to fell a small diameter tree off natural lean.				
34	Safely execute a cut plan to remove or reposition a hung-up tree.				
35	Safely execute a cut plan with tree felled on steep slope (>20 percent).				
36	Safely execute a cut plan with trees that threaten values and/or require precision with narrow objectives.				
37	Safely execute a cut plan to fell multiple limb locked trees.				
38	Safely execute a cut plan with a tree that has significant decay or voids (cat-faced).				
39	Understands when to utilize left-handed cutting techniques and can efficiently pound wedges from both sides of the tree.				

TRAINING EVALUATION RECORD

#

Trainee Information

Printed Name: _____

Evaluator Information

Printed Name: _____

Evaluator Certification Level: _____

Home Unit/Organization: _____

E-Mail Address: _____

Phone: _____

Training Location

Incident/Event Name (If applicable): _____

Reference (Incident Number/Fire Code): _____

Location: _____

Incident Kind: Wildfire

Prescribed Fire

Training

Trailwork: _____

Evaluator's Recommendation

(Initial only one line as appropriate)

- _____ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for final evaluation.
- _____ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- _____ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

Remarks on Individual Performance (Use additional sheets as necessary)

Student's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Evaluator's Saw Qualification: _____

TRAINING EVALUATION RECORD

#

Trainee Information

Printed Name:

Evaluator Information

Printed Name:

Evaluator Position on Incident/Event:

Home Unit/Agency:

Home Unit /Agency

Address and Phone Number:

Incident/Event Information

Incident/Event Name:

Reference (Incident Number/Fire Code):

Duration:

Location (include Geographic Area, Agency, and State):

Incident Kind: Wildfire

Prescribed Fire

Trailwork

Other (specify):

Evaluator's Recommendation

(Initial only one line as appropriate)

- _____ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for agency certification.
- _____ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- _____ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

Remarks on Individual Performance (Use additional sheets as necessary)

Trainee's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Evaluator's Relevant Qualification (or agency certification): _____

TRAINING EVALUATION RECORD

#

Trainee Information

Printed Name: _____

Evaluator Information

Printed Name: _____

Evaluator Certification Level: _____

Home Unit/Organization: _____

E-Mail Address: _____

Phone: _____

Training Location

Incident/Event Name (If applicable): _____

Reference (Incident Number/Fire Code): _____

Location: _____

Incident Kind: Wildfire

Prescribed Fire

Training

Trailwork: _____

Evaluator's Recommendation

(Initial only one line as appropriate)

- _____ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for final evaluation.
- _____ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- _____ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

Remarks on Individual Performance (Use additional sheets as necessary)

Student's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Evaluator's Saw Qualification: _____

TRAINING EVALUATION RECORD

#

Trainee Information

Printed Name: _____

Evaluator Information

Printed Name: _____

Evaluator Certification Level: _____

Home Unit/Organization: _____

E-Mail Address: _____

Phone: _____

Training Location

Incident/Event Name (If applicable): _____

Reference (Incident Number/Fire Code): _____

Location: _____

Incident Kind: Wildfire

Prescribed Fire

Training

Trailwork: _____

Evaluator's Recommendation

(Initial only one line as appropriate)

- _____ 1) The trainee meets or exceeds satisfactory performance of all tasks under my supervision and/or on a prior trainee experience, as documented on position evaluation records. I have completed the final evaluator's verification section and recommend the trainee be considered for final evaluation.
- _____ 2) The tasks indicated on the evaluation table have been performed under my supervision. However, either opportunities were not available for all tasks to be performed and evaluated on this assignment or prior position evaluation records, or the trainee did not meet satisfactory performance on at least one task and needs additional evaluation.
- _____ 3) The trainee does not display satisfactory performance of the tasks for the position and additional training, guidance, and/or experience are recommended prior to another training assignment.

Remarks on Individual Performance (Use additional sheets as necessary)

Student's Signature: _____ Date: _____

Evaluator's Signature: _____ Date: _____

Evaluator's Saw Qualification: _____