

FTA SAW RELATED INCIDENT REPORT

(Submit to FTA within 6 days of incident)

Saw operator contact information (name, title, address, email, and 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):	
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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.	