# FTA SAW RELATED INCIDENT REPORT

(Submit to FTA within 6 days of incident)

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| 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 [ ] Seasonal Employee [ ] Permanent Employee [ ]Timber [ ] Fire [ ] Recreation [ ] Engineering [ ] LEI [ ] |
| 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 [ ] eye protection [ ] ear protection [ ] long-sleeved shirt [ ] gloves [ ] long pants [ ] chaps [ ] 8” leather boots [ ]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 [ ] MTDC [ ] Game of Logging [ ] 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. |