

Montana/Dakotas BLM Chainsaw Incident Report Form

Submit this form to the appropriate employee Supervisor and District Safety Specialist within 24 hours of incident.

This form may also be used to report "close calls" as needs indicate.

Chainsaw operator and title	
Date and time of incident and/or injury	
Name of person (s) injured	
Reporting Date	
Person reporting incident	
Activity (fire, trail, brush crew, etc.)	
Type and model of chainsaw used	
Length of bar and chain type	
Personal protective equipment/clothing used	
Chainsaw operator experience/training (1 month, 6 months, etc.)	
Operator chainsaw training completion date(s)	
Training instructor (s)	
Training course used (title)	
Approving Officer	
Extent of accident and/or injury	
Description of accident/injury and outcome (be specific)	
Initial assessment of cause	
Submitted by	
Witness statement completed if applicable (attach)	
Name (s) of witness/witnesses	
Line Officer – Review and comments	
Line Officer Signature	
Date	