College of Agricultural Sciences – Chainsaw Safety Program

Procedure and Requirements

All CAS employees assigned chainsaw work will be provided training on the safe use of chainsaws, will be required to demonstrate their ability to handle the chainsaw in a safe manner, and will be required to wear the proper PPE.

*No one under the age of 18 can be assigned chainsaw work.*

Procedure

https://agsci.oregonstate.edu/mycas/safety-and-compliance/agricultural-operations-safety-compliance-resources

Training Requirements:

- Review materials and videos on chainsaw use and safety from Ag Safety and Health at https://ag-safety.extension.org/chainsaw-safety/
- Demonstrate competence and proper safety in the use of a chainsaw in the presence of a seasoned and competent operator.

PPE Requirements:

- Close-fitting clothes
- Hearing protection
- Safety eyewear
- Non-slip boots
- Gloves
- Protective leggings specific to chainsaw use
- Hardhat (if it is determined that there are overhead hazards)

Work Requirements:

- First aid kit available at work site
- Fire safety plan
- Communication plan in place in case of injury
  - Job location
  - Communication device
  - Check-in/Check-out procedures if working alone, but avoid if possible
- Contact information for nearest hospital including address, driving directions and phone number

# Chainsaw Safety Checklist

Utilize this checklist when assigning chainsaw work and check each item when completed. Keep this documentation with unit.

<table>
<thead>
<tr>
<th>Training</th>
<th>Resource</th>
<th>Date Completed</th>
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<tbody>
<tr>
<td>☐ Fire Safety Plan</td>
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<tr>
<td>☐ First Aid Kit Location</td>
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<tr>
<td>☐ Communication Plan</td>
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<tr>
<td>☐ PPE Distributed and Worn</td>
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<td>☐ Employee Demonstration of Skill</td>
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<tr>
<td>☐ Hospital Contact Information</td>
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By signing below I acknowledge that I have received chainsaw safety training and have been provided the necessary PPE and that I will wear the PPE when the chainsaw is in use.

__________________________  __________________________
Employee Signature         Date

__________________________  __________________________
Supervisor Signature       Date