

**POSITION QUESTIONNAIRE
FOR FALLER**

Administratively Determined

I, _____ affirm, on this date of _____ 2004, that my experience as a faller includes _____ years of professional felling. This experience consists of felling trees of up to _____ inches in diameter on a regular basis. I also affirm that the items checked below are true statements in regards to my abilities and willingness to perform as a contract tree faller:

- The questionnaire I filled out last year is still accurate.
- I am 18 years old or older;
- I know of no health condition that would create a health or safety hazard to myself or to other person in performing the work as a professional faller.
- I recognize the importance of having proper clothing and footgear, in addition to safety items such as OSHA approved hard hats and chaps; I will ensure that I am properly outfitted and abide by all safety regulations.
- Since January of this year I have attended standards for survival and practiced shelter deployment. Date of training _____, location of training _____, sponsor _____.
- Within the last three years I have received _____ hours of class room instruction in falling and/or bucking of trees _____" diameter or greater; training was obtained from:

On the job training _____
Name: _____, telephone: _____ may be contacted to verify this training. **MY FELLING PARTNER IS** _____

Within the last three years I have been employed as a timber faller with the duties which included falling and/or bucking trees _____" diameter or greater; employment was with

____ Private Timber ____ Self Employed _____

Name: _____, telephone: _____ may be contacted to verify this employment.

I FULLY UNDERSTAND THAT MY TERM OF EMPLOYMENT WITH THE GOVERNMENT MAY BE TERMINATED FOR UNSATISFACTORY SKILLS OR LACK OF APPROPRIATE SAFETY PRECAUTIONS.

SIGNED: _____ DATE: _____

FIRE MANAGER APPROVAL YES _____ NO _____

(Print Name) _____ Unit _____ Telephone No. _____

By _____

(Signature)

Date

