



## **EASTERN WASHINGTON INTERAGENCY TRAINING ZONE**

# **Training Announcement S-212 Wildland Fire Chain Saws**

**Nominations due March 27, 2009**

**Minimum number of students: 15**

**Maximum number of students: 25**

This is a classroom and field based course that will provide introduction to the function, maintenance, and safe use of chain saws on wildland fires. Field exercises support entry to mid level training for firefighters, providing hands-on experience in surroundings similar to fireline situations.

**Objectives:**

- List, define, and apply chain saw safety standards.
- Incorporate the use of PPE in wildland chainsaw operations.
- Identify basic chainsaw parts, maintenance, troubleshooting, and safety features.
- Demonstrate field maintenance tasks required for chainsaw operation.
- Demonstrate the tactical application of chainsaws in brushing, limbing, bucking, and falling for fireline construction and mop up operations.

**DATES OF CLASSES:** April 3rd (1300-1900), 4<sup>th</sup> (0800-1700)& 5<sup>th</sup> (0800-1700).

**PREREQUISITES:** Qualified as a FFT2    **REQUIREMENTS:** Full PPE, chainsaw (can share)

**TARGET GROUP:** Engine, hand crew, and any chain saw operator positions.

**LOCATION:** Ferry/Stevens County Fire District 3/8, Barstow Training Center, 25266 Hwy 395 North (14 miles north of Kettle Falls, WA) (509) 738-4591.

**TUITION:** \$40.00/STUDENT – covers materials, instructor fee, and supplies.

**COURSE COORDINATOR & INSTRUCTOR:** Don Stragis, Timberland Management Company

4603 E. Deer Lake Rd  
Loon Lake, WA 99148  
[timberlandmgmt@gmail.com](mailto:timberlandmgmt@gmail.com)  
(509) 993-3154    Call before faxing

**Mail, e-mail or FAX registrations to: Don Stragis**



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Course Number S-212		Course Name Wildland Fire Chainsaws		PRIORITY ____ of ____	
IQCS Session Number		Course Location Ferry/Stevens County FD 3/8 Barstow, WA		Course Date(s) April 3, 4, 5, 2009	
Course Tuition (if required) \$40.00		Course Coordinator Name (First Last) Don Stragis		Course Coordinator Phone Number (509) 233-2710, (509) 993-3154	
Course Coordinator E-Mail timberlandmgmt@gmail.com		Course Coordinator FAX Number (509) 233-2710 CALL FIRST		Date Submitted	
Employee's IQCS ID Number:					
Nominee's Name (First MI Last)					
Working Job Title				E-Mail	
Agency Name				Fax	
Home Unit		Nominee's Mailing Address (if different)			
Street		Street			
City		State	City		State
Zip	Telephone	Zip		Telephone	
List training completed and dates pertinent to this course:					
List your past qualifications pertinent to this course:					
Nominee's Signature: (I will notify the Unit Training Representative if I am unable to attend.)					
Supervisor's Signature (I certify the nominee meets the prerequisites, or if not met I will put the reasons for attending the course in Remarks.)					
Remarks:					