



Logging and Forestry Services Supplement Application

Applicant Firm Name: _____

Physical Address: _____
Street City State Zip

Contact: _____ Phone: _____ Email: _____

Company Overview

Years in Business _____ Years of Logging Experience _____

Producing for _____

Wood Type:

Pine _____% Hardwood _____% Shortwood _____% Tree Length _____%
Pulpwood _____% Saw/Ply/Pole _____% Chips _____%

Who Hauls?

Equipment Information

Type	# Of	Fire Ext.	Seatbelts	Water Tanks
Feller Buncher				
Cable Skidder				
Grapple Skidder				
Loader				
Dozer				
Chipper				
Other				
Other				

Please describe the general condition of your equipment (poor, fair, good, excellent) and provide year models/age of each.

Feller Bunchers:

Cable Skidders:

Grapple Skidders:

Loaders:

Dozers:

Chippers:

Other:

Please provide information on your vehicles (attach a separate page if needed)

Year/Make/Model

First Aid on Board

Seat Belts

Maintenance

Operations and Safety Procedures

Please check all that apply to your operations and safety procedures (a check indicates a positive/yes response):

- Hard Hats Required
- Eye Protection Required
- Safety Boots
- Safety Gloves
- Visibility Clothing
- Hearing Protection
- Chaps
- Skidder Paths of Travel Defined
- Landing Clear of Obstacles Paths of
- Escape Clear
- Approved First Aid Kits
- Trained employee(s) in First Aid/CPR
- Chain Brakes/Saw Guards
- Fuel Tanks Labeled
- Headache Rack on Trucks
- Hwy. Warning Signs
- Reflecting Tape on Trailers
- Saw Operations Visible to Skidder Operators
- Trees Stacked Safely at Landing

Please describe chain saw use:

Please check all programs that apply (a check indicates a positive/yes response):

Drug Testing

- Pre-employment
- Random
- For Cause
- Post-Accident

Safety Meetings

- Daily
- Weekly
- Monthly
- Other (describe) _____
- Documentation of Safety Meetings
- Written Haz. Com.

Applicant's signature: _____ **Title:** _____ **Date:** _____
(Owner or Officer)

Agent's signature: _____ **Title:** _____ **Date:** _____

SIGNATURE OF INDIVIDUAL COMPLETING FORM IS MANDATORY