

STATE OF OREGON
2022-2025
Incident Resource Agreement - FALLER
Part B
Additional Terms and Conditions
Resource Information & Rate Sheet

General Description of Duties

Safely mitigate hazards by performing fireline chainsaw operations, i.e., fireline construction, including tree felling, brushing, thinning, bucking, and limbing. Fallers may be required to participate in saw operation briefings.

Faller Minimum Standards, Qualification Requirements and Training

- All Fallers shall have a minimum of three years of tree felling experience.
- All Fallers shall provide reference information to substantiate professional industry association (i.e., district forester name/contact, logging company etc.)

Resource Provider Tools/Additional PPE Requirements for Fallers

Chainsaw kit consisting of a chainsaw, chaps, extra chain, chainsaw wrench, and appropriate size round and flat sharpening files. A falling axe and falling wedges are required for bucking downed trees.

The **Resource Provider** shall also provide hearing protection and chainsaw chaps to sawyers and ensure that they are worn during saw operations. The chaps shall meet requirements of ATSM F-1897 (current version). Chaps meeting Forest Service 6170-4 meet the ASTM standards and are acceptable. The chaps shall be in good condition and shall cover the full length of the thigh to 2 inches below the top of the boot on each leg to protect the legs from injury due to inadvertent and accidental contact with a moving power chainsaw.

Compensation

Rates provided by **Resource Provider** on the ***Resource Information and Rate Sheets*** are understood to be '**Wet**' Rates, and shall include any equipment, **Qualified Operator(s)**, drivers, fuel, and any required maintenance. Payment shall be at rates specified (unless specified by 'Exceptions' as listed below) and shall be in accordance with the following:

- **Daily Rates** shall apply when equipment (with **Qualified Operator**) is ordered by the **State** and **On-Shift**, including the relocation of equipment under its own power. **On-Shift** includes time the equipment (with **Qualified Operator**) worked, time that equipment (with **Qualified Operator**) is held or directed to be in a state of readiness, time that the **Qualified Operator(s)** spend at **Operational Period** briefings, mobilization (Check-in time), and compensable travel that has a specific start and end time.
- **Daily Rate** payment shall be made based on a minimum of eight (8) hours of **On-Shift** work time (with **Qualified Operator**) per day, between 0001 and 2400 hrs. **On-Shift** work time (with **Qualified Operator**) under eight (8) hours shall be paid at half (1/2) the agreed upon daily rate.
- **Extended-Shift** time for equipment (with **Qualified Operator**) shall be paid 165% of the agreed upon daily rate if worked eighteen (18) hours or more, in a single day, between 0001 and 2400 hrs.

Reference

[NWCG Faller Task Book](#)

Resource Information & Rate Sheet

FALLER, FALLER MODULE

Resource Provider / Company Name		Company Owner(s)	
Mailing / Payment Address	City	State	Zip Code
Email Address	Primary Contact	Position	
Primary Phone Number	Secondary Phone	Other	

Is the mailing address and the Point of Hire the same?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, then complete:	
Physical Address	City	State	Zip Code

Are you willing to be dispatched out of your local geographic area? Please check one:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
**Please indicate the distance (in miles) you are willing to travel or list 'ANY':	

<p>AUTHORIZATION: The undersigned acknowledges, attests, and certifies individually and on behalf of the Resource Provider that the information contained herein is true, accurate and complete, and the required supplemental documentation is attached. Any falsification, omission, or concealment may subject to liability. The Resource Provider is bound by and shall comply with all provisions, terms, conditions, and requirements of this Agreement, including all Addendums, Attachments and Exhibits, and is authorized to perform Services in the state of Oregon. The Resource Provider acknowledges that company and Resource performance history, industry durability and rates offered may affect dispatch priority order of resources.</p>		
Authorized Company Signature	Printed Name AND Title	Date
State Representative Signature	State Printed Name AND Title	Date

FALLERS / FALLER MODULES																	
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