SAW FILER

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge or Supervision and Sign-Off Authority.

"Saw Filer" means a person who maintains all types of saws, including circular saws, band saws, gang saws, chain saws, and operates, repairs and adjusts saw sharpening equipment and is also competent to bench all circular and gang saws, including tensioning, welding cracks, welding on teeth and included any other work that is usually performed by a Saw Filer in the Lumber Manufacturing Industry.

Optional Endorsement: "Benchperson" means a person who is a qualified Saw Filer who is able to bench band saws, including the lining up of head rigs, grinding of band wheels and any other work usually performed by a Benchperson in the Lumber Manufacturing Industry.

To qualify to challenge certification in this trade or be granted authority to supervise and sign-off on apprentices in this trade, individuals must have:

- worked a minimum of **6,300 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Saw Filer** Experience Accumulated in Period:
Job Title of Applicant:	

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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply) ☐ English ☐ Other (please specify):	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
Safety		
Describes WorkSafe regulations	☐ Yes	☐ No
Practices safety procedures	☐ Yes	☐ No
Handles saws and knives	☐ Yes	☐ No
Trade Math		
Uses of measuring tools and equipment	☐ Yes	☐ No
Applies trade formulas	☐ Yes	☐ No
Saw Basics		
Saw tooth inspection	☐ Yes	☐ No
Swager and swaging	☐ Yes	☐ No
Shaper and shaping	☐ Yes	☐ No
Tooth alignment	☐ Yes	☐ No
Band Saws		
Fits band saw	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
Sharpens and handles band saw	☐ Yes	☐ No
Determines band saw kerf requirements	☐ Yes	☐ No
Grinds band saw backs	☐ Yes	☐ No
Maintains band saw grinders	☐ Yes	☐ No
Circular Saws		
Inspects saws	☐ Yes	☐ No
Plums & levels	☐ Yes	☐ No
Tensioning for RPM & feed speed	☐ Yes	☐ No
Sharpens of solid tooth, carbide and satellite	☐ Yes	☐ No
PM of grinding equipment	☐ Yes	☐ No
Use of correct grinding wheel	☐ Yes	☐ No
Grinding Wheels		
Safe handling and storage	☐ Yes	☐ No
Operates speed calculation	☐ Yes	☐ No
Shapes and dresses grinding wheels	☐ Yes	☐ No
Mounts grinding wheels	☐ Yes	☐ No
Knives		
Determines knives angles	☐ Yes	☐ No
Sharpens Knives	☐ Yes	☐ No
Performs knife babbitting and balancing	☐ Yes	☐ No
Troubleshoots knives and chippers	☐ Yes	☐ No
Saw Welding		
Uses portable Oxy-Acetylene units	☐ Yes	☐ No
Tool and equipment selection	☐ Yes	☐ No

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
Adjusts flame types	☐ Yes	☐ No
Performs crack and tooth welding	☐ Yes	☐ No
Weld Saws using MIG equipment	☐ Yes	☐ No
Welds saw plate	☐ Yes	☐ No
Saw Chains		
Calculates gauge and pitch	☐ Yes	☐ No
Inspects and repairs	☐ Yes	☐ No
Setups and sharpens	☐ Yes	☐ No
Determines wheel profile	☐ Yes	☐ No
Saw Guides		
Maintains saw guides	☐ Yes	☐ No
Identifies guide types	☐ Yes	☐ No
Shearboards, Scrapers, Cooling Systems and Hydraulics		
Identifies types of shearboards	☐ Yes	☐ No
Maintains shearboards	☐ Yes	☐ No
Identifies types of scrapers	☐ Yes	☐ No
Maintains scrapers	☐ Yes	☐ No
Saw lubricants	☐ Yes	☐ No
Applications and maintenance of lubrication systems	☐ Yes	☐ No
Tension, Level and Bench Saws		
Applications to bandsaws and circular saws	☐ Yes	☐ No
Planning and Organizing Work Activities		
Creates and interprets technical document	☐ Yes	☐ No
Shutdowns procedures	☐ Yes	☐ No

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JOB TASKS (61)	SUPERVISOR DECLARATION RESPONSE	
Plans project work	☐ Yes	☐ No
Saw Filing Room Machines		
Setups and maintains circular saw bench	☐ Yes	☐ No
Uses circular saw stretcher	☐ Yes	☐ No
Grinder operation and maintenance	☐ Yes	☐ No
Guides equipment maintenance	☐ Yes	☐ No
Circular Saw Machines		
Head rig alignment and maintenance	☐ Yes	☐ No
Optimizes systems	☐ Yes	☐ No
Aligns gang saws and edgers	☐ Yes	☐ No
Align chip canter	☐ Yes	☐ No
Aligns cut-off, trim and slasher saws	☐ Yes	☐ No
Performs laser alignment	☐ Yes	☐ No
Troubleshoots Circular Saw Machines	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: