**ELEMENT 2: PRESCRIBED FIRE GO/NO-GO CHECKLIST**

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| **A**. Has the burn unit experienced unusual drought conditions or does it contain above normal fuel loadings which were not considered in the prescription development? If UNOU proceed with checklist below, if UYESU go to item B. | **YES** | **NO** |
| **B**. Has the prescribed fire plan been reviewed and an amendment and technical review been completed; or has it been determined that no amendment is necessary? If UYES to anyU, proceed with checklist below, if UNOU, STOP.  |  |  |

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| --- | --- | --- |
| **YES** | **NO** | **QUESTIONS** |
|  |  | Are ALL pre-burn prescription parameters met? |
|  |  | Are ALL smoke management specifications met? |
|  |  | Has ALL required current and projected fire weather forecast been obtained and are they favorable? |
|  |  | Are ALL planned operations personnel and equipment on-site, available, and operational? |
|  |  | Has the availability of ALL contingency resources been checked and are they available? |
|  |  | Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones? |
|  |  | Have all the pre-burn considerations identified in the Prescribed Fire Plan been completed or addressed? |
|  |  | Have ALL the required notifications been made? |
|  |  | Are ALL permits and clearances obtained? |
|  |  | In your opinion, can the burn be carried out according to the Prescribed Fire Plan and will it meet the planned objective? |

**If all the questions were answered "YES" proceed with a test fire. Document the current conditions, location, and results**

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Burn Boss Date