California Standardized Prescribed Fire Plan

Project Title:

Prescribed Fire Burn Boss (CARX):

Author of Plan:

Agency Having Jurisdiction (AHJ):

Property Owner:

Date Created: Date Re-Evaluated\* (if applicable):

*\*Burn plans should be re-evaluated as needed to account for changes in fuel/site conditions or project objectives.*

**1. Project Area Description**

Location Description:

***Latitude and longitude*** *(in Degrees Decimal Minutes (DMM)):*

Latitude: Longitude: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Property Ownership (private, state, etc.):

Unit Size (acres):

***Unit Description:***

|  |  |  |
| --- | --- | --- |
|  | **Within the Unit** | **Adjacent to Unit** |
| Fuel type/model |  |  |
| Slope |  |  |
| Aspect |  |  |
| Special features |  |  |

**Prescribed fire goals and objectives** *(include overarching project goals as well as specific project objectives. Objectives should be S.M.A.R.T. (specific, measurable, attainable, relevant, time-bound))*:

**2. Pre-burn Considerations**

***Plan for unit preparation*** *(describe line type/construction, pre-treatment of fuels, pre-burn land management considerations (e.g., grazing deferment), etc.):*

***Water supply*** *(describe quantity, location, and other considerations):*

***Unit access*** *(describe roads, signage needs, etc.):*

***Plan to protect values at risk*** *(if applicable; e.g., structures, water lines, sensitive species, cultural sites, etc.):*

**3. Prescription**

|  |  |  |  |
| --- | --- | --- | --- |
| **Element** | **Minimum (cool)** | **Desired** | **Maximum (hot)** |
| Temperature (F) |  |  |  |
| Relative Humidity (%) |  |  |  |
| Mid-Flame Wind Speed (mph) |  |  |  |
| Fine Dead Fuel Moisture (%) |  |  |  |
| Probability of Ignition (%) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Include other prescription elements as appropriate*

***Wind direction*** *(acceptable range and optimal)****:***

***Seasonality of burn*** *(if applicable; in many cases, implementation will be appropriate at any time that prescription parameters are met):*

**4. Smoke Management Plan**(to be prepared according to local air district rules; refer to SMP for detailed plan):

□ Submitted through PFIRS

□ Submitted in hard copy to air district

□ Not required by air district based on project size/emissions

**5. Ignition Plan**

□ Firing Boss to be designated

*Note: test fire will be conducted in a location that is representative of the burn unit. Location to be determined by Burn Boss on the day of burn based on environmental conditions.*

***Firing plan*** *(describe sequence, patterns, techniques, and devices needed to meet objectives):*

***Holding plan***

□ Holding Specialist to be designated

|  |  |  |
| --- | --- | --- |
| **Anticipated Fire Behavior (head fire)** | **Flame length (FL)****(feet)** | **Rate of spread (ROS)****(chains/hour)** |
| *Within the unit* |  |  |
| *Adjacent to unit* |  |  |
| **Production Rates** | **Chains/hour** |
| *Crews/resources* |  |

***Resources*** *(describe total number and type of resources needed to implement burn safely, based on production rates outlined above. Include description of plan for on-site weather observations and weather forecasting):*

**6. Post-Burn Activities**

**Mop-up and patrol plan** (describe activities, timeframes, and standards):

**Other post-burn activities** (optional; include appendices for marked activities):

□ Fire effects monitoring plan

□ Project rehabilitation plan (including infrastructure, improvements, and land rehabilitation)

□ Other (describe):

**7. Notifications**

**Pre-Burn Notifications:**

*Adjacent Landowners*

□ Name: Phone:

□ Name: Phone:

□ Name: Phone:

□ Name: Phone:

□ Name: Phone:

□ Name: Phone:

*Air Quality Management District*

□ Name/Title: Phone:

*Fire Agency Having Jurisdiction*

□ Name/Title: Phone:

*Other notifications may be required based on parameters outlined in the smoke management plan (e.g., schools and other sensitive receptors). Record additional notifications on separate page and include in appendices.*

**Day-of-Burn Notifications:**

*CAL FIRE Emergency Command Center (ECC):*

□ Name/Title: Phone:

*Air Quality Management District*

□ Name/Title: Phone:

*Other Fire Agency Having Jurisdiction (if applicable):*

□ Name/Title: Phone:

*Other (if applicable; e.g., law enforcement, adjacent landowners, etc.):*

□ Name/Agency: Phone:

□ Name/Agency: Phone:

□ Name/Agency: Phone:

**8. Wildfire Conversion Plan**

Person designated to make declaration:

Designated Incident Commander in case of wildfire:

Person(s) to contact for declaration:

Name/Position: Phone/frequency:

Name/Position: Phone/frequency:

Name/Position: Phone/frequency:

Size-up/reporting considerations:

* Rate of spread
* Fuel type
* Structure threat
* Potential acreage
* Current actions being taken

**9. Risk Management Activities**

***Check boxes for risk management activities/plans attached to the prescribed fire plan***:

□ Contingency plan (required)

□ Medical plan

□ Communications plan

□ Management Action Points (M.A.P.)

□ Briefing checklist

□ Safety plan (e.g., safety review, onsite assessment, 215A, etc.)

□ Other (describe):

**10. Other Attachments**

***Check boxes for other pertinent attachments included with the prescribed fire plan:***

□ Project and area maps (required)

□ Go-no-go checklist (recommended)

□ Other (describe):