



# Prescribed Fire Plan



Name of Landowner or Land Manager: \_\_\_\_\_

Prescribed Fire Supervisor/Burn Boss: \_\_\_\_\_

Landowner Phone Number: \_\_\_\_\_

Prescribed Fire Supervisor Phone Number: \_\_\_\_\_

Burn Plan Developer: \_\_\_\_\_

Burn Plan Checked By: \_\_\_\_\_

Location of Prescribed Fire (*Legal Description*)

Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_

Range: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ County: \_\_\_\_\_

Distance and direction from nearest town/landmark: \_\_\_\_\_

Volunteer Fire District: \_\_\_\_\_

Fire Chief Name: \_\_\_\_\_ Fire Chief Phone Number: \_\_\_\_\_

Air Quality District: \_\_\_\_\_ Air Quality Permit Number: \_\_\_\_\_

Air Quality Contact: \_\_\_\_\_ Air Quality Phone Number: \_\_\_\_\_

Cal Fire State Responsibility Area: \_\_\_\_\_

Cal Fire Battalion Chief: \_\_\_\_\_ Cal Fire Phone Number: \_\_\_\_\_

Size of Prescribed Fire: \_\_\_\_\_ acres

Prescribed Fire Objectives:

*Check all that apply*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Control woody vegetation  | <input type="checkbox"/> Enhance forage quality | <input type="checkbox"/> Improve wildlife habitat |
| <input type="checkbox"/> Reduce wildfire potential | <input type="checkbox"/> Pile Burning           | <input type="checkbox"/> Other (specify) _____    |

Description of Permanent/Installed Firebreaks Surrounding the Burn Unit

*List the type of firebreak and width if applicable.*

**Activities Needed to be Completed Prior to the Prescribed Fire**

*Grazing management needs, installation of firebreaks, tree removal from boundary lines, travel lane preparation, protection of features within the burn unit, etc.*

**Map of the Burn Unit (Attached)**

**Procedures for Conducting the Prescribed Fire**

*Describe how the prescribed fire will be conducted.*

## Contingency Plan

*Describe actions to be taken in the event of a shift in wind direction, slop-over, or fire escape outside of the burn boundary. This description should include tactical and personnel actions.*

## Smoke Management

*List downwind smoke sensitive features (roads, homes, schools, hospitals, airports, feedlots, etc.) including distance and tactics to minimize smoke-related issues.*

**Prescribed Fire Fuels and Conditions**

*Indicate the approximate percentage of each type of fuel that exists within the prescribed fire boundary.*

	0% - 10%	10% - 33%	33% - 66%	66% - 100%
Live grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead brush	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live small trees (less than 5 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead small trees (less than 5 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live medium trees (5 to 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead medium trees (5 to 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live large trees (over 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead large trees (over 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fuels Adjacent to the Prescribed Burn Unit**

*Describe the type and condition of fuels in the areas adjacent to the prescribed burn unit.*

**Prescribed Fire Weather Conditions**

Windspeed _____	Wind direction _____
Relative humidity _____	Temperature _____
Fine dead fuel moisture _____	Other (specify) _____

**Following Day Fire Weather Conditions**

Windspeed _____	Wind direction _____
Relative humidity _____	Temperature _____
Fine dead fuel moisture _____	Other (specify) _____

Equipment	Needed	Recommended	Comments
Pumper trucks			
Water tenders			
ATVs/UTVs			
Drip torches			
Radios			
Flappers			
Hand tools			
Chainsaws			
Backpack sprayers			
Gasoline (gal)			

Equipment (continued)                      Needed                      Recommended                      Comments

Drip torch fuel (gal)			
Weather monitoring device			
Roadside caution signs			
Drinking water			

Personnel    Needed    Recommended    Comments

Ignitor			
Truck driver			
Pump/hose operator			
ATV operator			
Hand crew			
Water tender manager			
Spotter			
Weather observer			
Traffic manager			

**Organizational Chart**

*Use the space below to construct an organizational chart of your personnel and teams.*

Mop-up and Other Post-Fire Activities and Standards

**Day of Prescribed Fire**

*Use this space to describe standards for extinguishing active fire before fire crews leave the fire (ie: distance from fire lines).*

**24 Hours Following Prescribed Fire**

*Use this space to describe patrolling standards for monitoring and patrolling the prescribed fire unit in the 24 hours following the prescribed fire.*

**1 Week Following Prescribed Fire**

*Use this space to describe patrolling standards for monitoring and patrolling the prescribed fire unit in the week following the prescribed fire.*