

PRESCRIBED FIRE BURN PLAN

SALE NAME: _____

BURNING UNIT#: _____

BURN TYPE: _____

MOP-UP CATEGORY: _____

LAND OFFICE NUMBER: _____

RISK RATING: ___ (L) ___ (M) ___ (H)

STAG #: _____

Prepared By: _____ Position _____ Date _____

Reviewed By: _____ Position _____ Date _____

Reviewed By: _____ Position _____ Date _____

Recommended By: _____ Position _____ Date _____

Once all required signatures (with a date) are obtained, this plan constitutes the authority to burn. No DNRC employee has the authority to burn without an approved plan or in a manner not in compliance with the approved plan. Actions taken in compliance with the approved plan will be fully supported. Personnel will be held accountable for actions taken which are not in compliance with the approved plan, regardless of the outcome of the burn.

The same level of authority required to approve the plan is required to amend the plan. Prescribed burning conditions established in the plan are firm limits. Any changes to the approved prescribed burn plan must be authorized by the approving administrative officer except for immediate revisions to firing patterns and containment forces that must be made by the burn boss on site to respond to an unforeseen situation. In cases where the approving administrative officer is not available on site to authorize changes, verbal approval may be obtained if the administrative officer formally documents and it is attached to the original burn plan.

The burn category indicated above reflects the burn complexity level. I have reviewed the contents of this plan, evaluated the consequences that may be associated with this prescribed fire project and approve implementation.

Administrative Approval _____

Signature

Date _____

LINE OFFICERS CHECKLIST OF PRESCRIBED FIRE PLAN ADEQUACY

| | |
|-----------------|--------------|
| PROJECT: | UNIT: |
|-----------------|--------------|

COMPLETED: _____ DATE: _____.

Unit or Area Manager

This checklist is provided to assist the responsible Line Officer in reviewing the adequacy of the Prescribed Fire Plan. You should complete this checklist as you review this plan. Any unsatisfactory status requires appropriate change or correction to the content of this plan. Enter N/A (not applicable) for those categories reviewed and found not relevant to this project.

Satisfactory Unsatisfactory

| | | |
|--|--|---|
| | | 1. Objectives for the prescribed fire are clear, reasonable and biologically sound. Remarks: |
| | | 2. Prescription is adequate to meet objectives and provide for safe accomplishment. Remarks: |
| | | 3. Plan includes a prediction of expected fire behavior. Remarks: |
| | | 4. Plan includes a reasonable tolerable deviation. Remarks: |
| | | 5. Plan includes a reasonable escaped fire contingency. Remarks: |
| | | 6. Organization is adequate to meet objectives of Plan. Remarks: |
| | | 7. Qualifications of personnel are adequate for complexity level of this plan. Remarks: |
| | | 8. Plan includes clear instructions for Burn overhead. Remarks: |
| | | 9. Plan includes response to smoke management. Remarks: |
| | | 10. Plan includes adequate maps and/or photos. Remarks: |
| | | 11. Plan includes adequate personnel and public safety provisions. Remarks: |
| | | 12. Plan includes adequate public notification provisions. Remarks: |

UNIT DESCRIPTION AND OBJECTIVES

| | | | | | |
|-------------------------------------|----------|------------|--------------------|------------------------|--|
| UNIT NAME | | UNIT ACRES | | STAND ID | |
| UNIT LOCATION | | | LAT/LONG | | |
| | | DRAINAGE | | SLOPE | |
| ELEV. RANGE | | | ASPECT | | |
| AIRSHED/IMPACT ZONE | | | | NFFL FUEL MODEL IN/OUT | |
| YR.ACTIVITY FUEL CREATED | | | FIRELINE TYPE | | |
| DOWN WOODY FUEL LOADING (TONS/ACRE) | | | | | |
| | 1 HOUR | | 1000 HOUR | | |
| | 10 HOUR | | DUFF DEPTH | | |
| | 100 HOUR | | TOTAL FUEL LOADING | | |
| RESOURCE OBJECTIVES | | | | | |
| | | | | | |
| SENSITIVE FEATURES | | | | | |
| | | | | | |

NARRATIVE: (Brief Description of the Project Area)

PRESCRIPTION PARAMETERS

| | | | |
|-------------------------------------|-----------|---------------------|--|
| SEASON(S) | | IGNITION TIME RANGE | |
| FIRE PATTERNS(S) | | IGNITION METHOD | |
| TEMPERATURE RANGE °F | | RH RANGE % | |
| WIND SPEED RANGE MPH (eye level) | | | |
| SURFACE DIRECTION PREFERRED: | | | |
| TRANSPORT DIRECTION PREFERRED: | | | |
| FLAME LENGTH LIMIT | | | |
| FUEL MOISTURE CONTENT RANGES % | | | |
| | 1 HOUR | UPPER DUFF | |
| | 10 HOUR | LOWER DUFF | |
| | 1000 HOUR | | |
| *SEE ATTACHED FIRE BEHAVE RUNS | | | |

SAFETY (REFERENCE OPERATIONAL PLAN)

SAFETY CONCERNS UNIQUE TO THIS PROJECT

| |
|--|
| |
|--|

FIRING, CONTAINMENT, MOP-UP AND PATROL

| | FIRING | PERSONNEL REQUIREMENTS | | CONTROL |
|-------|--------|------------------------|--------|---------|
| | | CONTAINMENT | MOP-UP | |
| DAY 1 | | | | |
| DAY 2 | | | | |
| DAY 3 | | | | |
| DAY 4 | | | | |

TREATMENT OBJECTIVES & DESIRED QUANTIFIED RESULTS

HAZARD REDUCTION

| | |
|--|--|
| 0-1/4" Fuel _____ to _____ % 1/4"-1" Fuel _____ to _____ % 1-3" Fuel _____ to _____ % 3"+ Fuel _____ to _____ % | |
|--|--|

SITE PREPARATION

| |
|--|
| |
|--|

WILDLIFE

| |
|--|
| |
|--|

OTHER

| |
|--|
| |
|--|

PROJECT IMPLEMENTATION:

IGNITION PLAN:

Ignition Instructions: (Method, Pattern, and Procedures)

HOLDING PLAN:

Holding Instructions: (include placement of engines, port a'tanks, hoselays, etc.)

MOPUP PLAN:

Mopup Instructions: (include engines assigned, organizational structure, standards to be met, and patrol schedule until Rx Burn is declared out.)

| |
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SMOKE MANAGEMENT:

| |
|--|
| <u>Atmospheric Stability:</u> (Describe acceptable wind speed, direction and atmospheric stability conditions) |
| |
| <u>Sensitive Receptors:</u> (Homeowners, towns, etc.) |
| |
| <u>Visibility:</u> (Impacts to visibility, duration and significance) |
| |
| <u>Regulatory Compliance:</u> (Required permits, and standards) |
| |
| <u>Other Conditions:</u> (Safety of air operations, personnel exposure to smoke, etc.) |
| |

CONTINGENCY PLAN: (What is your fall back plan if the Rx Burn escapes initial actions)

| |
|--|
| |
|--|

PUBLIC INFORMATION AND INVOLVEMENT:

| CONTACTS | CONTACT METHOD | CONTACT DATE |
|-------------------------------|------------------|-------------------|
| Unit Manager | Personal Contact | Prior to Ignition |
| Flathead Interagency Dispatch | Personal Contact | Prior to Ignition |
| Unit Receptionist | Personal Contact | Prior to Ignition |

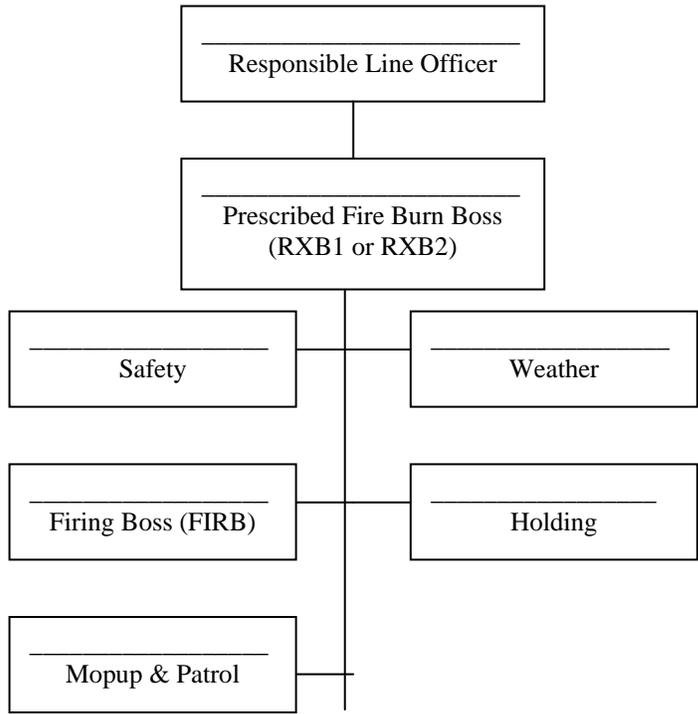
| | | |
|--|--------------------------------|---|
| Adjacent Landowners | Phone or Personal Contact | Prior to, and Possibly A.M. of the Burn |
| Sheriff's Department (911 Center/Dispatch) | Phone or Personal Contact | Prior to Ignition |
| Local Print Media | Press Release/Personal Contact | One week prior to meet deadlines |
| Local Radio/TV Media | Press Release/Personal Contact | One day prior |
| | | |

**EXAMPLE PRESCRIBED FIRE ORGANIZATION:
(Intermediate or Complex Burns)**

Project Organization

Personnel assigned to the positions in the prescribed fire organization will meet all qualifications for their position for the appropriate prescribed fire burn type. This project organization chart will be completed for each position identified prior to implementation, using available and qualified personnel. Those positions in parenthesis are 310-1 qualified positions.

Organization Chart:



Use of Trainees

Trainees for Prescribed Fire positions will be used where possible under the supervision of qualified personnel. The performance of all trainees, including a recommendation for further training, or certification will be made in writing by the Burn Boss, to the trainee’s supervisor within two weeks following training assignment.

Prescribed Fire Personnel Briefing

The prescribed Fire briefing will be conducted by the Burn Boss and include all personnel involved in the execution of this prescribed fire plan. Content for the briefing will include:

- Introduction of all personnel, their position and responsibilities
- Purpose and objectives of the prescribed fire.
- Communications Plan and radio assignments
- Prescription parameters and expected fire behavior; including expected fire behavior outside the unit and spotting potential.
- Today’s general forecast and special fire weather (spot) forecast for the project area.
- Ignition plan, organization, resources and standards. If this is an aerial ignition prescribed fire, review the aerial ignition plan. If possible, display the unit and ignition sequence on a flip chart or black board.
- Holding plan, organization, resources and standards. Emphasize conditions and locations where holding problems could occur.
- Escape Contingency Plan
- Mopup plan, organization, resources and standards.
- Safety Plan

BURN EVALUATION

| PRE-BURN FUEL MOISTURE | | | | | | | |
|------------------------|--------|---------------------|----------------------|--------------|--------------------|--|--|
| DATE | 1 HOUR | 10 HOUR | 1000 HOUR | DUFF | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| BURN MONITORING | | | | | | | |
| IGNITION DATE | | IGNITION START TIME | | | IGNITION STOP TIME | | |
| TIME | TEMP. | RH | WIND/SPEED DIRECTION | FLAME LENGTH | | | |
| Start | | | | | | | |
| 1/2 Hr. | | | | | | | |
| 1 Hr. | | | | | | | |

| | | | | |
|-----------|--|--|--|--|
| 1-1/2 Hr. | | | | |
| 2 Hr. | | | | |
| 2-1/2 Hr. | | | | |
| 3 Hr. | | | | |
| 3-1/2 Hr. | | | | |

COMMUNICATION PLAN

All Prescribed Fire overhead identified in the organizational chart, the ignition crew, and the holding crew will be in radio contact on the project site. Other personnel may be specifically required to maintain radio contact by the Burn Boss. The Burn Boss will notify FIDC prior to implementation to arrange necessary staffing beyond normal hours of operation to ensure communications between project site, and coordination and support resources.

Radio Frequency Plan

| | FREQUENCIES | | | |
|---------------|-------------|---------|----------|------|
| | CHANNEL | RECEIVE | TRANSMIT | TONE |
| TACTICAL | | | | |
| AIR TO GROUND | | | | |
| DISPATCH | | | | |
| OTHER | | | | |

RISK ASSESSMENT (See Risk Rating Form)

| |
|---|
| RATING |
| |
| CONSEQUENCES: (Brief explanation of consequences of an escape) |
| |

POST BURN EVALUATION:

1. Narrative: (include ignition techniques and patterns used, fire behavior observed, smoke production/dispersal)

2. Prescribed Fire Effects: (describe the fire effects of the prescribed fire on targeted indicators/objectives)

FUNDING

| F.Y. | ESTIMATED COST/ACRE | ORG. CENTER |
|------|---------------------|-------------|
|------|---------------------|-------------|

PRESCRIBED BURN PROJECT MAP (Include vicinity map and detailed site map)

| | | |
|-------------------------------------|-----------|-------|
| UNIT: – SEE ATTACHED MAP | ACTIVITY: | DATE: |
|-------------------------------------|-----------|-------|

| A | B | C | D | E | F | G | |
|---|---|---|---|---|---|---|----|
| | | | | | | | 1 |
| | | | | | | | 2 |
| | | | | | | | 3 |
| | | | | | | | 4 |
| | | | | | | | 5 |
| | | | | | | | 6 |
| | | | | | | | 7 |
| | | | | | | | 8 |
| | | | | | | | 9 |
| | | | | | | | 10 |
| | | | | | | | 11 |

LEGEND

Handline Hxxxxx
 Dozerline Dxxxxx
 Road =====
 Creek/River _._._

Engine E
 Porta-tank PT
 Porta-pump PP
 Hoselay H--H--

Firing Sequence ---->
 Division Break)(
 Safety Zone SZ
 Hazard X

Water Source W
 Staging Areas S
 Helispot 0 H-I
 Helibase H

Geographic Features () ()

RAWS W

Fuel Stick Location FS

PRE-IMPLEMENTATION CHECKLIST

This checklist is intended to aid the burn boss in accurately assessing the feasibility of meeting resource objectives against an evaluation of management constraints immediately prior to ignition of a prescribed fire. A "NO" response to any one of the items listed requires the appropriate action be initiated and issue or concern satisfied before ignition will be approved to proceed.

- YES _____ NO _____ Are all fire prescription parameters met, including smoke management specifications?
- YES _____ NO _____ Are burning and smoke management permits secured?
- YES _____ NO _____ Is the weather forecast and outlook favorable?
- YES _____ NO _____ Are the individuals and qualification standards, as specified in the burn plan, on site?
- YES _____ NO _____ Have all individuals been briefed on burn objectives and their respective assignments or responsibilities?
- YES _____ NO _____ Have all individuals been briefed on safety concerns, escape routes, safety zones, and unique hazards?
- YES _____ NO _____ Is all equipment, as specified in the burn plan, in place and operable?
- YES _____ NO _____ Has contingency planning been discussed and made known to key individuals?
- YES _____ NO _____ Have all the public and private project related contacts been made?
- YES _____ NO _____ Can the prescribed burn be successfully completed within the parameters described in the burn plan, and will the stated objectives be met?

Prescribed Fire Burn Boss _____ **Date:** _____

Signature