

Appendix A

**PENNSYLVANIA**  
**PRESCRIBED FIRE PLAN**

**Prescribed Fire Name:** \_\_\_\_\_

**Agency/Landowner:** \_\_\_\_\_

**Prepared by:**

*Name:*

*Title:*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Technical Reviewer:**

*Name:*

**Qualification:**

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Burn Day Burn Boss:**

*Name:*

*Title:*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Administrator:**

*Name:*

*Title:*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*

**Burn Day Contact Information:**

Name:

Phone:

Plan expires 3 years from the date of the latest approval signature. (Indicate if this plan will be used for multiple treatments in the 3-year time frame.)

**1. LOCATION:**

Agency /Organization		Ownership	
County		Township	
Acres		Landscape	
Lat/Long		Forest District	

**2. PRESCRIBED FIRE AREA DESCRIPTION:**

**A) Burn Unit Narrative Description (include description of burn unit boundaries):**

**B) Burn Unit Description Table :**

Vegetation Types	Fire Behavior Fuel Model	% of Unit Area	% Slope	Aspect

**C) MAPS (include as attachments):**

Location map (public use or state highway):

Burn unit map (topo and/or photo map):

Timber type map: (optional)

Aerial photograph:

Soils Map: (optional)

Smoke Screening Map:

Other:

**3. PRESCRIBED FIRE JUSTIFICATION:**

	Fuel Reduction		Site Preparation		Wildlife Habitat
	Competing Vegetation Control		Invasive Species Control		Other
	Insect & Disease				

**Prescribed Fire Management Goal(s):**

**Specific Measurable Prescribed Fire Management Objectives:**

**Other Alternatives Considered:**

**4. FUEL AND WEATHER PRESCRIPTION (give ranges):**

<b>Parameters:</b>	<b>Acceptable (Required)</b>	
	<b>Min.</b>	<b>Max.</b>
*Air Temperature (°F)		
*Relative Humidity (%)		
Days Since Last Rain		
20 ft wind speed (mph)		
*Wind Direction(s)		
*Eye-level Windspeed (mph)		
*1-Hour Fuel Moisture (%)		
10-Hour Fuel Moisture (%)		
100-Hour Fuel Moisture (%)		
1000-Hour Fuel Moisture (%)		
*Atmospheric Mixing Height (ft)		
Other (e.g. KBDI, Live/dead ratio):		
Live Fuel Moisture (%)		

\* Required

**5. FIRE BEHAVIOR PRESCRIPTION**

(give ranges, add parameters for each fuel model as required):

Fuel Model	Parameters:	Acceptable (Required)	
		Min.	Max.
	*Rate of Spread		
	*Flame Length		
	*Probability of Ignition		
	*Rate of Spread		
	*Flame Length		
	*Probability of Ignition		
	*Rate of Spread		
	*Flame Length		
	*Probability of Ignition		

\*Required

**6. FIRE BEHAVIOR NARRATIVE (Describe *desired* fire behavior. How will you manipulate fire behavior to meet management and control objectives?):**

**7. SCHEDULING (Describe timing, time constraints)**

**8. ASSIGNED RESOURCES:**

**9. PRE-BURN CONSIDERATIONS:**

**10. TEST FIRE:**

**A) Planned Location:**

**B) Test Fire Documentation:**

a. **Weather Conditions:**

b. **Test Fire Results:**

**11. FIRING PLAN:**

**12. HOLDING PLAN:**

**13. MONITORING:**

**14. COMMUNICATIONS PLAN:**

**15. CONTINGENCY PLAN:**

- A) Management action points:**
- B) Actions Needed:**
- C) Resources and Reporting Times:**
- D) Wildfire Conversion:**

**16. SOURCES OF EMERGENCY ASSISTANCE (location & phone #):**

Fire:		
Law Enforcement:		
Medical:		
District Forest Fire Warden:		

**17. SAFETY & MEDICAL PLAN:**

**18. SMOKE MANAGEMENT PLAN**

**19. NOTIFICATIONS (including, but not limited to):**

- Department of Environmental Protection:
- Airports:
- District Forest Fire Warden:
- Neighboring Landowners: (If within a certain distance)
- County Communications Center:
- Volunteer Fire Dept. having jurisdiction:

**20. EVALUATION:**

**21. GO/NO-GO CHECKLIST:**

**22. COMPLETED COMPLEXITY ANALYSIS AND JUSTIFICATION:**

**23. LIST OF ATTACHMENTS:**

**Summary and Evaluation Immediately After Burn:**

Date burned		Time frame	
Rain		Days since	Inches of rain
Acres burned		Est. Cost	
Burn Boss			
Containment Problems			
Smoke Problems			
Est. Understory Consumed (%)			
Excessive Scorch			
Remarks			

**Appendix B**

**NWCG PRESCRIBED FIRE  
GO/NO-GO CHECKLIST**

<b>Yes</b>	<b>No</b>	<b>Questions</b>
		<b>Are ALL fire prescription elements met?</b>
		<b>Are ALL smoke management specifications met?</b>
		<b>Has ALL required current and projected fire weather forecast been obtained and are they favorable?</b>
		<b>Are ALL planned operations personnel and equipment on-site, available, and operational?</b>
		<b>Has the availability of ALL contingency resources been checked, and are they available?</b>
		<b>Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?</b>
		<b>Have all the pre-burn considerations identified in the prescribed fire plan been completed or addressed?</b>
		<b>Have ALL the required notifications been made?</b>
		<b>Are ALL permits and clearances obtained?</b>
		<b>In your opinion, can the burn be carried out according to the prescribed fire plan and will it meet the planed objective?</b>

**If all the questions were answered “YES” proceed with the test fire. Document the current conditions, locations, and results.**

**Burn Boss: \_\_\_\_\_ Date: \_\_\_\_\_**