

PENNSYLVANIA
PRESCRIBED FIRE PLAN

Prescribed Fire Name: _____

Agency: _____

Prepared by:

Name:

Title:

Signature

Date

Burn Boss:

Name:

Title:

Signature

Date

Agency Administrator:

Name:

Title:

Signature

Date

Burn Day Contact Information:

Name:

Phone:

Plan expires 3 years from the date of the latest approval signature, or when the project has been completed. Whichever comes first.

1. LOCATION:

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

2. PRESCRIBED FIRE AREA DESCRIPTION:

A). Prescribed Fire Area Narrative Description (include description of fire unit boundaries):

B). Prescribed Fire Area 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:

General Goals:

	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):

Parameters:	Acceptable (Required)	
	Min.	Max.
*Air Temperature (°F)		
*Relative Humidity (%)		
Days Since Last Rain		
20 ft wind speed (mph)		
*Wind Direction(s)		
*Eye-level Wind speed (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. ICS ORGANIZATIONAL CHART :

9. ASSIGNED RESOURCES:

10. PRE-BURN CONSIDERATIONS:

11. TEST FIRE:

A). Planned Location:

B). Test Fire Documentation:

1). Weather Conditions:

2). Test Fire Results:

12. FIRING PLAN:

13. HOLDING PLAN:

14. MONITORING:

15. COMMUNICATION PLAN:

16. CONTINGENCY PLAN:

A). Management action points:

B). Actions Needed:

C). Resources and Reporting Times:

D). Wildfire Conversion:

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

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

18. SAFETY & MEDICAL PLAN:

19. SMOKE MANAGEMENT PLAN

20. 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:

21. EVALUATION:

22. GO/NO-GO CHECKLIST:

23. COMPLETED COMPLEXITY ANALYSIS AND JUSTIFICATION:

24. 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			

NWCG PRESCRIBED FIRE GO/NO-GO CHECKLIST

Yes	No	Questions
		Are ALL fire prescription elements 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 planed objective?

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

Burn Boss: _____

Date: _____