

Element 1: Signature Page

PRESCRIBED FIRE PLAN

ADMINISTRATIVE UNIT NAME(S): _____

PRESCRIBED FIRE NAME:

Prescribed Fire Unit (Ignition Unit): _____

PREPARED BY:

Name (print): _____ Qualification/Currency: _____

Signature: _____ Date: _____

TECHNICAL REVIEW BY:

Name (print): _____ Qualification/Currency: _____

Signature: _____ Date: _____

COMPLEXITY RATING: _____

MINIMUM BURN BOSS QUALIFICATION: _____

APPROVED BY:

Name – Agency Administrator (print): _____

Signature – Agency Administrator: _____ Date: _____

Element 2A: Agency Administrator Ignition Authorization

Replace this page with the signed:
Agency Administrator Ignition Authorization,
PMS 485

The Agency Administrator Ignition Authorization form is a separate PDF file that must be printed and signed.

The Agency Administrator Ignition Authorization must be completed before a prescribed fire can be implemented. If ignition of the prescribed fire is not initiated prior to expiration date determined by the agency administrator, a new authorization will be required.

Element 2B: Prescribed Fire Go/No-Go Checklist

Replace this page with the signed:
Prescribed Fire Go/No-Go Checklist,
PMS 486

The Prescribed Fire Go/No-Go Checklist form is a separate PDF file that needs to be printed and signed by the burn boss.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 3: Complexity Analysis Summary

This summary should include the same summary rationale that is in the complexity analysis in Appendix C of the prescribe fire plan.

ELEMENT	RISK	POTENTIAL CONSEQUENCE	TECHNICAL DIFFICULTY
1. Potential for escape			
2. The number and dependence of activities			
3. Off-site values			
4. On-site values			
5. Fire behavior			
6. Management organization			
7. Public and political interest			
8. Fire treatment objectives			
9. Constraints			
10. Safety			
11. Ignition procedures/methods			
12. Interagency coordination			
13. Project logistics			
14. Smoke management			

COMPLEXITY RATING SUMMARY	OVERALL RATING
RISK	
CONSEQUENCES	
TECHNICAL DIFFICULTY	
SUMMARY COMPLEXITY DETERMINATION	

Rationale:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Fill out Elements 4 through 21 based on the guidance provided in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484.

Element 4: Description of Prescribed Fire Area

A. Physical Description

1. Location:
2. Size:
3. Topography:
4. Project area:
5. Ignition units:

B. Vegetation/Fuels Description:

1. On-site fuels data:
2. Adjacent fuels data:
3. Percent of vegetative type and fuels model(s):

C. Description of Unique Features, Natural Resources, Values:

D. Maps - Attach in Appendix A

1. Vicinity (Required)
2. Project/Ignition Unit(s) (Required)
3. Significant or Sensitive Features (Optional): Included Not Included
4. Fuels or Fuel Model(s)(Optional): Included Not Included
5. Smoke Impact Area (Optional): Included Not Included

Element 5: Objectives

A. Resource objectives:

Prescribed Fire Name: _____

Ignition Unit Name: _____

B. Prescribed fire objectives:

Element 6: Funding

A. Cost:

B. Funding source:

Element 7: Prescription

A. Prescription Narrative:

1. Describe how fire behavior will meet objectives

B. Prescription Parameters:

1. Environmental or fire behavior (or both)
2. Fire Modeling or empirical documentation (or both)

Element 8: Scheduling

A. Implementation Schedule:

1. Ignition Time Frames or Season(s) (or both)

B. Projected Duration:

C. Constraints:

Element 9: Pre-burn Considerations and Weather

A. Considerations:

1. On-site
2. Off-site

Prescribed Fire Name: _____

Ignition Unit Name: _____

B. Method and Frequency for Obtaining Weather and Smoke Management Forecast(s):

C. Notifications:

Element 10: Briefing

A. Briefing Checklist; including, but not limited to: (additional items may be added)

- Burn organization and assignments
- Prescribed Fire objectives and prescription
- Description of prescribed fire project area
 - Special considerations and sensitive features
- Expected weather and fire behavior
- Communications
- Ignition plan
- Holding plan
- Contingency plan and assignments
- Wildfire declaration
- Safety and medical plan
- Aerial ignition briefing (if aerial ignition devices will be used)

Element 11: Organization and Equipment

A. Positions:

B. Equipment:

C. Supplies:

Element 12: Communication

A. Radio Frequencies:

1. Command frequency(ies):
2. Tactical frequency(ies):
3. Air operations frequency(ies):

B. Telephone Numbers:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 13: Public and Personnel Safety, Medical

A. Safety Hazards:

B. Mitigation: Measures Taken to Reduce the Hazards:

C. Emergency Medical Procedures:

D. Emergency Evacuation Methods:

E. Emergency Facilities:

Element 14: Test Fire

A. Planned Location:

B. Test Fire Documentation:

1. Weather conditions on site
2. Test fire results

Element 15: Ignition Plan

A. Firing Methods:

1. Techniques, sequences and patterns

B. Devices:

C. Minimum Ignition Staffing:

Element 16: Holding Plan

A. General Procedures for Holding:

Prescribed Fire Name: _____

Ignition Unit Name: _____

B. Critical Holding Points and Actions:

C. Minimum Organization or Capabilities Needed:

Element 17: Contingency Plan

Management Action Points or Limits:

(Optional MAP Table Format)

Management Action Point - Documentation Element	Management Action Point Narrative
Designator and Description:	
Condition:	
Management Intent:	
Recommended Action(s) to Consider:	
Recommended Resources:	
Time Frame:	
Describe the consequences of not taking the recommended action(s) (Optional):	
Responsibility:	
Date Each Action is Initiated (Optional):	

(if you need to include more MAPs, copy and paste the above template)

B. Actions Needed:

C. Minimum Contingency Resources and Maximum Response Time(s):

Element 18: Wildfire Declaration

A. Wildfire Declared By:

B. IC Assignment:

C. Notifications:

D. Extended Attack Actions and Opportunities to Aid in Fire Suppression (Optional):

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 19: Smoke Management and Air Quality

A. Compliance:

B. Permits to be Obtained:

C. Smoke-Sensitive Receptors:

D. Potential Impacted Areas:

E. Mitigation Strategies and Techniques to Reduce Smoke Impacts:

Element 20: Monitoring

A. Fuels Information Required and Procedures:

B. Weather Monitoring (Forecasted and Observed) Required and Procedures:

C. Fire Behavior Monitoring Required and Procedures:

D. Monitoring Required to Ensure that Prescribed Fire Plan Objectives are Met:

E. Smoke Dispersal Monitoring Required and Procedures:

Element 21: Post-burn Activities

A. Post-Burn Activities that must be Completed:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Prescribed Fire Plan Appendices

Appendix A: Maps: Vicinity, Project or Ignition Units (or both), Optional: Significant or Sensitive Features, Fuels or Fuel Model, Smoke Impact Areas

Appendix B: Technical Reviewer Checklist

Appendix C: Complexity Analysis

Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment

Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Appendix F: Smoke Management Plan and Smoke Modeling Documentation (Optional)

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Vicinity Map

Insert your vicinity maps here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Project (Ignition Units) Maps

Insert your project (ignition unit) map(s) here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Significant or Sensitive Features: (Optional) Maps

Insert your significant or sensitive feature map(s) here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Fuels or Fuel Model: (Optional) Maps

Insert your fuel or fuel model map(s) here. Refer to Element 4D in *the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Smoke Impact Areas: (Optional) Maps

Insert your significant or sensitive feature map(s) here. Refer to Element 4D in *the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix B: Technical Reviewer Checklist

Fill out this checklist based on the guidance provided in the Technical Review section in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484.

Rate each element in the following table with an “S” for Satisfactory or “U” for Unsatisfactory. Use Comment field as needed to support the element rating.

PRESCRIBED FIRE PLAN ELEMENTS	RATING	COMMENTS
1. Signature page		
2. A. Agency Administrator Ignition Authorization, PMS 485		
2. B. Prescribed Fire GO/NO-GO Checklist, PMS 486		
3. Complexity Analysis Summary		
4. Description of Prescribed Fire Area		
5. Objectives		
6. Funding		
7. Prescription: Prescription Narrative and Prescription Parameters		
8. Scheduling		
9. Pre-Burn Considerations and Weather		
10. Briefing		
11. Organization and Equipment		
12. Communication		
13. Public and Personnel Safety, Medical		
14. Test Fire		
15. Ignition Plan		
16. Holding Plan		
17. Contingency Plan		
18. Wildfire Declaration		
19. Smoke Management and Air Quality		
20. Monitoring		
21. Post-Burn Activities		
Appendix A: Maps		
Appendix C: Complexity Analysis		
Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment		
Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation		
Appendix F: Smoke Management Plan and Smoke Modeling Documentation (Optional)		
Other		

Approval is recommended subject to the completion of all requirements listed in the comments section, or on the Prescribed Fire Plan.

Recommendation for approval is not granted. Prescribed fire plan should be re-submitted for technical review subject to the completion of all requirements listed in the comments section, or on the Prescribed Fire Plan.

Technical Reviewer Signature: _____ Qualification and Currency: _____

Date Signed: _____

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix C: Complexity Analysis

Please refer to Element 3: Complexity Analysis Summary in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, and the procedures in the *Prescribed Fire Complexity Analysis Rating System Guide*, PMS 424, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment

Please refer to your specific agency guidance to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Refer to Element 7: Prescription, *in the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix F: Smoke Management Plan and Smoke Modeling Documentation

(OPTIONAL)

Refer to the *Smoke Management Guide for Prescribed and Wildland Fire* (National Wildfire Coordinating Group, 2001) and Appendix B. Basic Smoke Management Practices in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484 to fill out this appendix.