Project Name: _____

Unit Name: _____

PRESCRIBED FIRE GO/NO-GO CHECKLIST
(Prescribed Fire Plan, Element 2B)

Preliminary Questions	Circle YES or NO
A. Have conditions in or adjacent to the ignition unit changed, (for example: drought conditions or fuel loadings), which were not considered in the prescription development? If **NO** proceed with the Go/NO-GO Checklist below, if **YES** go to item B.	YES NO
B. Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary? If **YES**, proceed with checklist below. If **NO, STOP: Implementation is not allowed. An amendment is needed.**	YES NO

GO/NO-GO Checklist	Circle YES or NO
Have ALL permits and clearances been obtained?	YES NO
Have ALL the required notifications been made?	YES NO
Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	YES NO
Have ALL required current and projected fire weather forecast been obtained and are they favorable?	YES NO
Are ALL prescription parameters met?	YES NO
Are ALL smoke management specifications met?	YES NO
Are ALL planned operations personnel and equipment on-site, available and operational?	YES NO
Has the availability of contingency resources applicable to today's implementation been checked and are they available?	YES NO
Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	YES NO

If all the questions were answered "**YES**" proceed with a test fire. Document the current conditions, location and results. If any questions were answered "**NO**", DO NOT proceed with the test fire: Implementation is not allowed.	
After evaluating the test fire, in your judgment can the prescribed fire be carried out according to the prescribed fire plan and will it meet the planned objective? **Circle: YES or NO**	

Burn Boss Signature: _____   Date: _____