

PRESCRIBED BURN PLAN

Site and Landowner Information

Landowner/Lessee Information

Name:	Phone:	
Address:		County:
City:	State:	Zip:

Description of Area to be Burned

Burn Name/Number:

Legal Description:	Section:	Township:	Range:
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Nearest Crossroad and/or Directions from nearest town:

Range of Projected Burn Dates:	Actual Burn Date:
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Prescribed Fire Objectives to be Accomplished

Vegetation Present (Fuel Models):	Acres:
Vegetation Outside of Burn Unit (Fuel Models):	

Desired Fire Weather Prescription

Prescription	Desired Range	Ideal	Actual
Temperature (°F)			
Relative Humidity (%)			
Wind Direction			
20 ft Wind Speed (mph)			
KBDI			
Transport Wind Direction			
Transport Wind Speed (mph)			
Mixing Height (x1000 ft)			
Vent Rate (kt-ft x1000)			

Smoke Management Considerations

Sensitive Areas Identified	Direction from Burn Area	Distance from Burn Area
Other Smoke Management Considerations:		
Attach Smoke Screening Map or Smoke Dispersion Forecast to plan as needed.		

Observed Weather

Burn Site Observed Weather Conditions				
Observation Time				
Temperature				
Relative Humidity				
Wind Direction				
Wind Speed				
ATTACH COPY OF NWS FIRE WEATHER FORECAST ex. https://www.weather.gov/dlh/fwd				

Pre-Burn Considerations

Describe preparations needed before the burn to accomplish meet prescribed fire objectives. (Snags, ladder fuels, values at risk, burning of brush piles; etc.)

Firebreak Types and Location Around Burn Unit

(North mow line, west blow line, east creek, west road, etc.)

Pre-Burn Checklist

	Present near burn unit?	If Present Action Recommended or Location	Accomplished?
Brush Piles			
Oil/Gas/Pipelines/ Utility Structures			
Fences			
Home/Barn/Structures			
Water Source			
Ladder Fuels			
Cedar Trees			
Slash near firebreak			
Snags			

Notification List

IDEM Approval #: or exemption justification		
Fire Department/County Dispatch	Phone Number	Notified?
Neighbors	Phone Number	Notified?
Others, as Needed (Utility Companies, Oil and Gas Leases)	Phone Number	Notified?

Personnel (minimum # needed)	
Crew Member Roles Description:	

Equipment			
	Desired on burn?	Number Desired	Comments/Other Considerations
Drip Torch/Ignition Device			
Matches/Lighter			
Shovel			
Rake			
Backpack pump			
Flapper/Swatter			
Chainsaw			
Leaf Blower			
ATV with water			
UTV with water			
Torch Fuel			
Pump Fuel			
2-Cycle Fuel			
Weather Instrument/Kit			
Two-Way Radios			
Cell Phone			
Drinking water			
Fence Pliers/Bolt			
Cutters			

Ignition Plan

(how the burn will be ignited; describe in writing and/or visually on attached map)

Holding Plan

(how to contain the burn, critical holding points, areas to watch out, etc.)

Safety Plan

(nearest hospital, hazards, escape routes, and safety zones)

Contingency Plan

(what to do in case of an escape or fire is out of prescription)

Mop-up Plan

(procedures to complete after ignition to ensure the fire is contained to the site)

Post-burn Monitoring and Activities¹

¹ If the prescribed burn is associated with a USDA conservation program (CRP, CSP, EQIP, etc.), complete the 338 Post-Burn Evaluation form.

Safety Briefing

(discuss the following items with the crew)

Burn objectives and burn unit description and map	Yes	No	Crew assignments and communication	Yes	No
Firebreaks	Yes	No	Ignition and holding plan	Yes	No
Hazards and safety issues	Yes	No	Contingency plan	Yes	No
Weather conditions	Yes	No	Asked about CPR training	Yes	No
Equipment	Yes	No	Mop-up procedures	Yes	No

Go-No Go Check List

If answer to any is NO, do not burn until corrected

Firebreaks prepared	Yes	No	Adequate crew available	Yes	No
Notifications made (including County Dispatch and Local Fire Department)	Yes	No	Smoke management specifications within prescription	Yes	No
Weather conditions within prescription	Yes	No	Crew briefed on plan and safety hazards	Yes	No
Pre-burn considerations complete	Yes	No	All hazards in unit identified	Yes	No
Equipment ready	Yes	No	Can burn objectives be met	Yes	No

Burn Plan Appendix

(check the box if the following are attached; attach as needed)

Burn Unit Map (required)	Yes	No	Complexity Rating	Yes	No
Smoke Map	Yes	No	Fire Behavior Modeling	Yes	No
Vicinity Map	Yes	No	Burn Monitoring/Evaluation Form	Yes	No

This Prescribed Burn plan was prepared by:

Name:

Signature:

Indiana CPBM?: Yes No

Date:



Landowner Information and Signature

Name:

Signature:

Date: