

# 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:

|                           |          |           |        |
|---------------------------|----------|-----------|--------|
| <b>Legal Description:</b> | Section: | Township: | Range: |
|---------------------------|----------|-----------|--------|

### Nearest Crossroad and/or Directions from nearest town:

|  |  |
|--|--|
|  |  |
|--|--|

|                                |                   |
|--------------------------------|-------------------|
| Range of Projected Burn Dates: | Actual Burn Date: |
|--------------------------------|-------------------|

### 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 bush 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                              | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Oil/Gas/Pipelines/<br>Utility Structures | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Fences                                   | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Home/Barn/Structures                     | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Water Source                             | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Ladder Fuels                             | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Cedar Trees                              | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Slash near firebreak                     | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
| Snags                                    | <input type="checkbox"/> |                                           | <input type="checkbox"/> |
|                                          | <input type="checkbox"/> |                                           | <input type="checkbox"/> |

## Notification List

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

**Personnel (minimum # needed)****Crew Member Roles Description:****Equipment**

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

## 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 Activities<sup>1</sup>

<sup>1</sup> 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 <input type="radio"/> | No <input type="radio"/> | Crew assignments and communication | Yes <input type="radio"/> | No <input type="radio"/> |
| Firebreaks                                        | Yes <input type="radio"/> | No <input type="radio"/> | Ignition and holding plan          | Yes <input type="radio"/> | No <input type="radio"/> |
| Hazards and safety issues                         | Yes <input type="radio"/> | No <input type="radio"/> | Contingency plan                   | Yes <input type="radio"/> | No <input type="radio"/> |
| Weather conditions                                | Yes <input type="radio"/> | No <input type="radio"/> | Asked about CPR training           | Yes <input type="radio"/> | No <input type="radio"/> |
| Equipment                                         | Yes <input type="radio"/> | No <input type="radio"/> | Mop-up procedures                  | Yes <input type="radio"/> | No <input type="radio"/> |

## Go-No Go Check List

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

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

## Burn Plan Appendix

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

|                          |                           |                          |                                 |                           |                          |
|--------------------------|---------------------------|--------------------------|---------------------------------|---------------------------|--------------------------|
| Burn Unit Map (required) | Yes <input type="radio"/> | No <input type="radio"/> | Complexity Rating               | Yes <input type="radio"/> | No <input type="radio"/> |
| Smoke Map                | Yes <input type="radio"/> | No <input type="radio"/> | Fire Behavior Modeling          | Yes <input type="radio"/> | No <input type="radio"/> |
| Vicinity Map             | Yes <input type="radio"/> | No <input type="radio"/> | Burn Monitoring/Evaluation Form | Yes <input type="radio"/> | No <input type="radio"/> |

This Prescribed Burn plan was prepared by:

Name:

Signature:

Indiana CPBM?: Yes ☐ No ☐

Date:

Landowner Information and Signature

Name:

Signature:

Date:

