

PREScribed FIRE PLAN TYPE 3



Project Name			
Land Owner			
Fire Protection Agency(ies)			
Type of Burn			
Project Complexity	Planned Implementation Dates	to	

PREPARED BY:

Name	
Title	
Agency	
Signature	
Date	

REVIEWED BY:

Name		Name	
Title		Title	
Agency		Agency	
Signature		Signature	
Date		Date	

APPROVED BY:

Name		Name	
Title		Title	
Agency		Agency	
Signature		Signature	
Date		Date	

Name		Name	
Title		Title	
Agency		Agency	
Signature		Signature	
Date		Date	

NOTICE: The approved Prescribed Fire Plan constitutes a delegation of authority to burn. No one has the authority to burn without an approved plan or in a manner not in compliance with the approved plan. Actions taken in compliance with the approved Prescribed Fire Plan will be fully supported. Personnel will be held accountable for actions taken which are not in compliance with elements of the approved plan regarding execution in a safe and cost-effective manner. Burn plan approvals are valid for 5 years from date of first approval signature.

FIRE OUT CERTIFICATION

This certifies that all fire in the project area is out, and further patrol and/or mop-up activities are no longer needed. Projects with multiple units burned or multiple burn dates may require additional copies of Fire Out Certification forms. Once a burn is declared out, a copy of the signed Fire Out Certification form will be sent to the FMO within 24 hours.

Name		
Title		
Agency		
Signature		
Date	Time	

PROJECT INFORMATION

Project type				
Project property ownership				
Project Size				
Linear feet			feet	
Acres			acres	
Number of Piles			piles	
Other size description				
Project Location				
Property name (if BCPOS)				
Project address				
Latitude		degrees	decimel seconds north	
Longitude		degrees	decimel seconds west	
Legal description	T	R	S	QS
Elevation range			feet to	feet
Average slope			%	

GOALS & OBJECTIVES

Primary project goal				
If goal is "other," specify:				
Project objectives				
Objective #1				
Objective #2				
Objective #3				

Desired season(s)				
Desired month(s)				
Desired year(s)				

SCHEDULING

Implementation Season(s)	
Implementation Dates	to
Ignition Times	to
Length of Ignition	
Length of Burnout	

FUEL MODELS

Primary Fuel Model	
Secondary Fuel Model	
Tertiary Fuel Model	
Adjacent Fuel Model	

PARAMETERS (PRIMARY FUEL MODEL)

FIRE BEHAVIOR	Maximum	Desired
Flame Length (ft)		
PIG (%)		
ROS (chns/hr)		

PARAMETERS (ADJACENT FUEL MODEL)

FIRE BEHAVIOR	Maximum	Desired
Flame Length (ft)		
PIG (%)		
ROS (chns/hr)		

FUELS (%HRTL)	Min	Max	Desired
1-hour			
100-hour			
1000-hour			
Live			

FUELS (%HRTL)	Min	Max	Desired
1-hour			
100-hour			
1000-hour			
Live			

WEATHER	Minimum	Maximum
Temp (F)		
RH (%)		
Cloud Cover (%)		

WEATHER	Minimum	Maximum
Temp (F)		
RH (%)		
Cloud Cover (%)		

WIND	Maximum mph	Directions allowed
20-foot		
Transport		

WIND	Maximum mph	Directions allowed
20-foot		
Transport		

NOTIFICATIONS

Agency	Phone
Fort Collins Interagency Dispatch	
Boulder County Communications	
CDPHE/APCD	
Boulder County Health Department	
Fire Protection Agency #1	
Fire Protection Agency #2	
Media	Phone
Newspaper	
Newspaper	
Radio	
Television	
Smoke Sensitive Individuals	Phone

OPERATIONS PLANS

Site Preparation

Ignitions / Firing Plan

Holding / Patrol / Mop-Up Plan

Smoke Management Plan

Escaped Fire Plan

Communications Plan

Safety Plan

NOTES

SMOKE RECEPTORS

Smoke Receptor	Proximity to (distance) and Direction from Burn

RESOURCES NEEDED

PERSONNEL	Ignitions	Mop-Up

RESOURCE	Ignitions	Mop-Up

Name	Location	Paramedic	
		Yes	No
		Yes	No
		Yes	No

Ground Ambulance(s)

Name, Address, Phone Number	Paramedics	
	Yes	No
	Yes	No

Name, Address, Phone Number	Paramedics	
	Yes	No
	Yes	No
	Yes	No

Name	Location	Paramedic	
		Yes	No
		Yes	No

Type/Level	Facility Name, Address, Phone Number	Travel Time (mins)		Helipad	
		Air	Ground		
Burn Center				Yes	No
Level I				Yes	No
				Yes	No
				Yes	No
				Yes	No

Name	Location Description	Latitude	Longitude	Air-Grnd Freq
