Natural Resource Conservation Service

Prescribe Burning – Code 338
Jobsheet
NRCS, FL, February 2013

Prescribed Burning Management Plan

Landowner/Operator: _____		**Date:** _____	
Address: _____		**Phone:** _____	
Acres Planned: _____	**Class (A,B,C):** _____	**Season of Burn:** _____	
Location (county):	**T:**	**R:**	**S:**

I. Dominant Ecological Community/Forage Suitability Group and Dominant Soil:

_____

II. Objectives/Purpose to be accomplished through the prescribed burn:

Preburn:

- _____
- _____
- _____
- _____

Postburn objectives met:

- _____
- _____
- _____
- _____
- _____

III. Grazing Management Objectives needed to accomplish prescribed burn and meet burn objectives:

Preburn:

- _____
- _____
- _____

Postburn:

- _____
- _____
- _____

1. Example (Preburn): Cattle grazing should be removed 30 days prior to burn to allow forage growth
2. Example (Postburn): Cattle will be deferred for 1 full growing season to allow for forage recovery

IV. Wildlife Management Objectives needed to accomplish prescribed burn and meet burn objectives:

Preburn:

- _____
- _____

- _____
- _____

Postburn:

- _____
- _____
- _____
- _____

1. Example (Preburn): Pine snags will have a 5 foot diameter denude ring around base to prevent accidental ignition.
2. Example (Postburn): No more than a 5% loss in snags from prescribed fire.

V. Burn Unit Description:

Upper Canopy Composition (Trees): Total Tree % Composition:_____

Species:	Height:	% Composition:

Middle Canopy Composition (Shrubs/Trees): Average Shrub Height:_____

Species:	Height:	% Composition:

Ground Vegetation (Herbaceous): Live and/or Dead Fuels:_____

Species:	% Ground Cover:	Live or Dead:

VI. Fuel Load:

	Fuel Type[1]	Fuel Load (Tons/Ac)	Fuel Moisture[2]	Fuel Consumption
Primary				
Secondary				

1. Primary and Secondary fuel type class (i.e. Grass, Shrub, Litter, Slash)
2. Estimated fuel moisture of fuel types (i.e. Wet, Damp, Dry, Very Dry)

VII. Prescribed Burn Season:[1]

Planned:_____ Applied:_____

1. Level I & II planners shall base all recommendations on National Range and Pasture Handbook FL-2

VIII. Planned Weather Conditions:[1]

	Wind[2] Velocity	Relative Humidity[2]	Moisture[3] (Soil)	Fine Fuel Moisture[2]
Surface				
Subsurface				

1. Level I & II planners shall base all recommendations on National Range and Pasture Handbook FL-2
2. Planned range needed to meet prescribed burn objectives, based on recommendation from National Range and Pasture Handbook.
3. Planned soil moisture at time of implementation (i.e. Dry, Damp or Wet)

IX. Fire Breaks:[1]

	Type	Width	Acceptable[2]
Fire Break 1			
Fire Break 2			
Fire Break 3			
Fire Break 4			
Fire Break 5			
Fire Break 6			

1. Planned type and width need to safely implement a prescribed burn under planned parameters; this does not certify the practice meets standards and specifications for Fire Break (394).
2. Fire breaks meet a minimum acceptable level to safely contain a fire with planned parameters (Yes/No)

I. Mitigation of Fire Breaks:

- _____
_____
_____
_____
_____

1. Example: Fire Break 1 will need a sediment fence installed after burn to stop erosion, see map for details.

X. Primary Firing Technique:[1]

I. Timing:[1]

All prescribed burn plans must be planned for day light hours.

II. Type:

Planned:_____ _____ Applied:_____

III. Ignition Plan (burn sequence):[1]

1. Type:_____Purpose:_____
2. Type:_____Purpose:_____
3. Type:_____Purpose:_____

4. Type:_____Purpose:_____
5. Type:_____Purpose:_____
6. Type:_____Purpose:_____

1. Use plan map below to illustrate a detailed ignition plan.

IV. Duration:

- Burning Duration (Hours)
  Planned Range:_____
- "Mop Up" Duration (Hours)
  Planned Range:_____

1. E.g., Strip-fire, Backing-fire, Head-fire, Ring-Fire, etc.

XI. Smoke Mitigation:

I. Smoke Sensitive Areas:

- Type:[1]_____Distance:_____Direction:_____
- Type:[1]_____Distance:_____Direction:_____
- Type:[1]_____Distance:_____Direction:_____
- Type:[1]_____Distance:_____Direction:_____

1. E.g., Major Road, Subdivision, School, etc.

II. Planned Smoke Management:

	Mixing Height (Minimum)	**Transport Wind Direction (Minimum)**	**Transport Wind Speed (Minimum)**	**Atmosphere Stability (Minimum)**
Planned Minimum				

III. Mitigation:

- _____
  _____
  _____
  _____

XII. Facilitating Practices:[1]

a. Practice:[1]_____Purpose:_____
b. Practice:[1]_____Purpose:_____
c. Practice:[1]_____Purpose:_____
d. Practice:[1]_____Purpose:_____
e. Practice:[1]_____Purpose:_____
f. Practice:[1]_____Purpose:_____

1. Facilitating Practices needed to implement the burn safely and meet Plan objectives, (e.g, Brush Management), this does not certify the practice meets standards and specifications for that practice.

XIII. Ignition Plan Map:

XIV. Attachments:

I. Prescribed Burn Unit Map with:
   - Sensitive Areas indicated (T&E species, cultural resources, etc.)
   - Smoke Sensitive Areas (e.g. Major roads, Schools, etc.)
   - Firebreaks

II. Ecological Community Map

III. Smoke Screen Map: http://shrmc.ggy.uga.edu/maps/vsmoke.html#MYMAP

IV. Preburn Photo(s) (Plan)

V. Postburn Photo(s) (Check out)

XI. Contact Information:

Department/Neighbor	Name	County/Area	Phone
Fire Department			
Florida Forestry Service			
Other Emergency			
Adjoining Landowner			
Adjoining Landowner			
Adjoining Landowner			

Prescribed Burn Plan:

Landowner/Participant: I agree to install this practice as designed and planned and I certify the NRCS has informed me that I (Landowner/Participant) assumes all liability for damages resulting from this prescribed burn and the cost of fire suppression should fire escape from the designated area. Prior to implementation I will obtain all permits and authorization from the Florida Forestry Service and provide the Prescribed Burning Authorization number to the NRCS at time of certification.

_____ _____

Name: Date:

Planner/Technical Service Provider:

_____ _____ _____ _____

Name: Date: Level: Class

Approving Official: (Level II or III Planner)

_____ _____ _____ _____

Name: Date: Level: Class

Practice Certification: This Practice(s) as applied **meets** Florida NRCS Standards and Specifications for Prescribed Burning-338 and the objectives set forth in this Plan.

Burn Boss/Landowner:_____ Authorization Number:_____

Prescribed Burn Date:_____

Certifying Official: (Level II or III Planner)

_____ _____ _____ _____

Name: Date: Level: Class