NRCS
August 2014

Prescribed Burning Training and/or Planning Documentation

Employee_____Location_____

LEVEL 2, Class A ☐ **Level 2, Class B** ☐ **Level 3** ☐ (check one)

Florida Forest Service Interagency Fire School or equivalent (Level 2, Class A only):

Location_____Hours:_____Date:_____

(Attach Course Certification Certificate/Letter)

Prescribed Burn Plans where Site-Specific Prescribed Burn Plans Were Provided:

1. Site _____ Acres _____ Date _____
   Approved By _____ Date _____
2. Site _____ Acres _____ Date _____
   Approved By _____ Date _____
3. Site _____ Acres _____ Date _____
   Approved By _____ Date _____

Post-Burn Evaluation (Level 3 only):

1. Site_____Acres_____Date_____
   Approved By_____Date_____
2. Site_____Acres_____Date_____
   Approved By_____Date_____
3. Site_____Acres_____Date_____
   Approved By_____Date_____

Comments or Actions Needed: _____

_____

_____

Reviewed and Approved by:

Area Conservationist:_____Date: _____

State Conservationist: _____Date: _____

(Attach this form to completed CPA-39a form and forward as instructed)