



SECTION I. GENERAL BURN UNIT INFORMATION

Owner / Operator: _____ Name: _____
 Address: _____ Phone No: _____
 E-mail: _____ Cell No: _____
 Legal Description: _____ County: _____
 Acres in Burn Unit: _____ Burn Job Class: _____
 Land Use of Burn Unit: Range, Pasture, CRP, Crop, Other (describe): _____

When burn unit includes multiple landowners, record the primary owner above and list other owners on an attachment.

SECTION II. OBJECTIVE OF BURN (Select all that apply)

<input type="checkbox"/> Reduce Eastern Red Cedar	<input type="checkbox"/> Control other woody plant-list _____
<input type="checkbox"/> Stimulate Warm Season Grasses	<input type="checkbox"/> Reduce Cool Season Grasses _____
<input type="checkbox"/> Improve Wildlife Habitat	<input type="checkbox"/> Stimulate Forbs / Increase Diversity _____
<input type="checkbox"/> Improve Grazing Distribution	<input type="checkbox"/> Remove Litter _____
<input type="checkbox"/> Reduce Wildfire Hazard	<input type="checkbox"/> Other-list _____

SECTION III. DESCRIPTION OF BURN UNIT

SECTION III PART A. Woody Plant Species Present (List species, size and estimated plants/acre):

SECTION III PART B. Predominant herbaceous vegetation types present and likely growth-stage at proposed burn date (List type - cool season, warm season, forbs - height and condition):

SECTION III PART C. Fuel Load (Existing):

Fine Fuel (grasses / forbs) Present (Yes/No): _____ Estimated lbs./ac: _____
 Predominant Fuel Height: _____ % Volatile Fuels: _____

SECTION III PART D. Fuel Load (Planned):

Fine Fuel (Pounds/Ac): _____ Height Fine Fuel: _____

SECTION III PART E. Planned Soil Moisture Conditions:

Describe desired soil moisture conditions. When land is listed as in extreme or exceptional drought conditions in the National Drought Mitigation Center's US Drought Monitor, evaluate impact to desired plant community. If drought and fire will adversely impact plant growth, delay burning until soil moisture conditions are favorable.

Desired soil moisture content at surface (0-6") - dry, damp, wet: _____

Desired soil moisture content below surface (minimum of 6-12") - dry, damp, wet: _____

US Drought Monitor: <http://droughtmonitor.unl.edu/>

SECTION IV. FIRE PLAN - PREPARATION

SECTION IV PART A. Resource Maps: Attach copies of the following maps and information. Check off to indicate inclusion.

- | | |
|--|--|
| <input type="checkbox"/> Soils Map & Legend | <input type="checkbox"/> Topographic Map |
| <input type="checkbox"/> Soils Non-Technical Descriptions | <input type="checkbox"/> Ecological Site Map |
| <input type="checkbox"/> Conservation Plan Map (including scale, N arrow, planned/existing boundaries, field id and map symbols) | |
| <input type="checkbox"/> Burn Unit Map (Include North arrow, landowner &/or burn unit name, areas needing protection-see Section IVE-G, holding-line locations and type, firebreaks, prescribed wind direction, firing sequence, water sources, location of equipment, location of crews, safety zones, unit and surrounding fuels and access) | |
| <input type="checkbox"/> General Area map extending a minimum of 2 miles out from the Burn Unit. | |

SECTION IV PART B. Existing Condition: Describe type of vegetation and other conditions of land adjacent to burn unit (all sides of unit) and indicate direction from burn unit.

SECTION IV PART C. Burn Unit History: Describe General Management over the past 5 years (i.e. grazed, rested, CRP, etc.) Include years since last grazing, haying, mowing or burning.

SECTION IV PART D. Pre-Burn Conservation Practice Implementation: List practices to be implemented before the prescribed burn is conducted. This may include grazing deferment (access control), mechanical brush management, etc. Fuelbreaks and Firebreaks are listed in Section IV PART F.

SECTION IV PART E. Post-Burn Conservation Practices and Monitoring:

1. Describe desired conditions after the burn including % control of target species, and post-burn vegetation type, diversity and condition.

2. List additional conservation practices to be implemented after the burn to assist in meeting the resource objectives including, but not limited to, prescribed grazing, herbaceous weed control, upland wildlife habitat management or range planting.

3. Describe Monitoring Methods to be used to evaluate burn effectiveness (Type and Frequency). Options include, but are not limited to Photopoints, GrassSnap, Range Trend, Woody Canopy, or Stem Counts.

SECTION IV PART F. Description of Planned Firebreaks or Fuel Breaks: Describe the type, length and width of firebreak and actions to be taken to create firebreak. (Show on Burn Map). Types of fire breaks include but are not limited to: mowed, grazed, disked, bare soil, road, and water.

Location of Firebreak or Fuelbreak	Type of Fire Break or Fuel Break	Min. Length	Min Width

Additional Comments about Planned Firebreaks and/or Fuelbreaks

SECTION IV PART G. Areas needing Pre-Burn Protection: Show areas on Burn Map (Check items identified in the planning process and indicate date protection completed).

Area or Structure	Describe Protection Needed	Date Completed
<input type="checkbox"/> Houses, Barns and other buildings		
<input type="checkbox"/> Feeders , pens, corrals		
<input type="checkbox"/> Watering Systems		
<input type="checkbox"/> Utility Poles		
<input type="checkbox"/> Fences		
<input type="checkbox"/> Equipment		
<input type="checkbox"/> Hay / Feed		
<input type="checkbox"/> Hunting Facilities		
<input type="checkbox"/> Wind Turbines		
<input type="checkbox"/> Oil or Gas Structures		
<input type="checkbox"/> Desirable Wooded Areas		
<input type="checkbox"/> Special Wildlife Habitats		
<input type="checkbox"/> Lakes, Streams, Wetlands		
<input type="checkbox"/> Critically eroding areas		
<input type="checkbox"/> Other - Describe		

SECTION IV PART H. Describe Potential Hazardous Areas Within Burn Area: Show areas on Burn Map (power lines, snags, structures, obstacles to vehicle access, underground utilities, oil and gas tanks or equipment, etc.).

SECTION IV PART I. Describe access Points to Unit and adjacent Lands: Include location of gates, stream crossings, open access, etc. Show locations on Burn Map.



SECTION IV PART J. Residences and Businesses near the Burn Unit: Contact all before planned burn date.

Direction from Unit	Name	Physical Address	Phone Number
<i>EXAMPLE:</i>			
1.5 miles Northeast	Joe Johnson Farm	13567 333 Road, Anywhere, NE	555-234-3388

SECTION IV PART K. Highways or other right-of-ways: List all with the potential to be impacted by prescribed burn.

Example: US highway 6 - 2 miles south of unit

1	_____
2	_____
3	_____
4	_____
5	_____

SECTION IV PART L. Adjoining Landowners: List name and phone number at the time of plan development; record date notified as notification occurs.

	Name	Phone Number	Date Notified
1			
2			
3			
4			
5			
6			
7			

SECTION IV PART M. SAFETY PERSONNEL AND OTHER AGENCIES: List name and phone number at time of plan development; record date notified as notification occurs.

	Name	Phone Number	Date Notified
FIRE DEPARTMENTS			
Primary Department:			
Chief (Name):			
Mutual Aid Fire Departments:			

SHERIFF'S DEPARTMENT

Name of Department:			
Sheriff's Name:			
State Patrol:			

UTILITY COMPANIES

A.			
B.			
C.			
D.			

OIL AND GAS COMPANIES (INCLUDING GAS PIPELINES)

A.			
B.			
C.			

OTHER INCLUDING WIND ENERGY COMPANIES

A.			
B.			
C.			

EMERGENCY (NEAREST HOSPITAL AND EMERGENCY AMBULANCE SERVICE)

A.			
B.			
C.			

SECTION V - FIRE PLAN - IMPLEMENTATION OF PRESCRIBED BURN

SECTION V PART A. ENVIRONMENTAL CONDITIONS NEEDED TO ACCOMPLISH OBJECTIVES

1. Planned Date Range for Burn: _____ through _____
(Time of year and/or stage of plant growth that will best meet prescribed burn objectives)
2. List pertinent fuel conditions such as likely green-up at proposed date, type of fuels (cool or warm season grass), etc. that could impact success of burn.
3. List other plant or animal concerns (Migratory Bird Treaty Act, Threatened and Endangered Species, etc.):
4. Acceptable Weather Conditions for Prescribed Burn
Weather will be checked and recorded every 1/2 hour by person designated by Burn Boss. Conditions will be relayed to Burn Boss and crews. All ignition sequences and resource assignments may be adjusted at the discretion of the Burn Boss to respond to changing conditions. Obtain location and date specific weather forecast the morning of the burn.
Check site and day specific forecasts including the hourly weather graph. It is recommended that on the morning of the burn, to print and attach the hourly weather graph to the prescribed burn management plan.
<http://forecast.weather.gov/gridpoint.php?site=oax>

<http://forecast.weather.gov/gridpoint.php?site=gid>
<http://forecast.weather.gov/gridpoint.php?site=lb>

WEATHER FACTOR	NRCS Max or Min Values	RANGE OF ACCEPTABLE CONDITIONS (From Low - To High)			ACTUAL CONDITIONS (From Low - To High)		
WIND SPEED	< 20 MPH		to			to	
WIND DIRECTION							
REASON FOR WIND DIRECTION RESTRICTION IN THIS PLAN							
RELATIVE HUMIDITY	> 25%		to			to	
IF ACCEPTABLE RH IS LESS THAN NE NRCS RECOMMENDED VALUE, LIST REASON FOR DEPARTURE FROM NRCS SPECIFICATIONS							
AIR TEMPERATURE	<80° F		to			to	

SECTION V PART B. FIRING METHOD OR IGNITION PLAN

1. Describe Firing Method/Firing Sequence (backing fire, flank fire, head fire, strip fire, etc.) below. Indicate on map. If additional room is needed, attach description to the back of this form.

SECTION V PART C. CONTINGENCY PLANS

1. ESCAPE RESPONSE

Designate an Initial Attack suppression unit from each team as first responder to an escape on each side of the burn unit. Escapes or spot fires should first be attacked or approached ONLY FROM THE UPWIND SIDE by any unit or personnel. With safety as the highest priority, designated units and spotters/patrol units will respond initially to suppress any fire outside the unit. The Burn Boss will be immediately alerted of the situation, and kept informed of progress. If the initial efforts at containment are unsuccessful, the Burn Boss will order all ignitions to cease as possible and assign additional units to respond to the escape. All other units will hold original positions. The Burn Boss will be responsible for contacting local mutual aid if deemed necessary to contain the escape.

List any site specific escape responses:

2. WIND CHANGE RESPONSE - Attach details of site specific contingency plan actions

If the team experiences a sustained major wind direction shift during the burn, the Burn Boss will evaluate the feasibility of safely continuing the burn compared to extinguishing the burn. Resources and personnel will be reassigned appropriately at the discretion of the Burn Boss. Safety of the crew will remain the primary concern.

List any site specific responses to wind changes:

SECTION V PART D. SMOKE MANAGEMENT

1. SMOKE DISPERSION VALUE

PLANNED VALUE (poor, fair, good, excellent): _____
ESTIMATED TIME FROM IGNITION UNTIL FIRE IS OUT: _____ hours

Smoke behavior forecasts can be obtained from the following National Weather Service Websites:

- EASTERN NEBRASKA: <http://www.crh.noaa.gov/product.php?site=OAX&product=FWF&issuedby=OAX>
 CENTRAL NEBRASKA: <http://www.crh.noaa.gov/product.php?site=GID&product=FWF&issuedby=GID>
 WESTERN NEBRASKA: <http://www.crh.noaa.gov/product.php?site=LBF&product=FWF&issuedby=LBF>

Check Dispersion Value mixing height and transport winds.

ADDITIONAL COMMENTS REGARDING SMOKE MANAGEMENT:

SECTION V PART E. EQUIPMENT NEEDS

TYPE OF EQUIPMENT	NUMBER AND/OR GALLONS NEEDED	CHECK WHEN ACQUIRED	DATE ACQUIRED
Engines/Pumpers		<input type="checkbox"/>	
Number and Size in Gallons			
Water Tender		<input type="checkbox"/>	
(Number and size in gallons)			
ATV's / UTV's		<input type="checkbox"/>	
ATV's/UTV's w/Sprayers		<input type="checkbox"/>	
Number and Size in Gallons			
Drip Torches		<input type="checkbox"/>	
Torch Fuel (gallons)		<input type="checkbox"/>	
70%/30% Diesel fuel/gasoline			
Backpack Sprayers		<input type="checkbox"/>	
Fire-Weather Kit, i.e.. Kestrel		<input type="checkbox"/>	
2-way Radios		<input type="checkbox"/>	
Highway Flags		<input type="checkbox"/>	
Flappers		<input type="checkbox"/>	
Rakes		<input type="checkbox"/>	
Chainsaws		<input type="checkbox"/>	
Shovels		<input type="checkbox"/>	
Drinking Water, 1 gallon / person		<input type="checkbox"/>	
Matches/Lighter		<input type="checkbox"/>	
Burn Unit Maps		<input type="checkbox"/>	
Other (List):			
		<input type="checkbox"/>	

SECTION V PART F. PERSONNEL REQUIRED. DEVELOP INDIVIDUAL CREW ASSIGNMENTS BEFORE BURN.

1. NUMBER OF PEOPLE NEEDED TO CONDUCT BURN: _____
2. NAME OF BURNBOSSE: _____

3. NUMBER OF TEAMS OR CREWS: _____

4. PERSONNEL REQUIRED FOR BURN:

POSITION	NUMBER	POSITION	NUMBER
a. Engine / Pumper Drivers	_____	e. Lead ATV/UTV Patrol	_____
b. Hose Operators	_____	f. 2 nd ATV/UTV Patrol	_____
c. Igniters	_____	g. Weather/Lookout	_____
d. Hand Tool Operators	_____	h. Other (Specify Job)	_____
		i. Other (Specify Job)	_____

Develop list of personnel , phone numbers and email contact information for the required positions before planned burn, see Example Burn Crew Roster. Have list available for pre-burn briefing and ensure that assigned personnel are familiar with their assigned job duties. Attach a copy of the personnel roster to the burn plan after completion of the prescribed burn.

SECTION V PART G. MOP-UP PLAN

MOP UP STANDARDS: Patrol entire perimeter of burned area, put out all flames and smoke within 50 feet of burn line, all heavy fuels within 100 feet of burn line and all snags within 150 feet of burn line. Pay special attention to smoldering leaf/litter, dung pats, woody debris and other coarse fuels.

Mop-up Plan Item	Person Responsible	Date Accomplished
Maintain close observation of burned area and weather conditions for 24-72 hours or until the fire is completely extinguished. Take immediate positive action to insure safety should a dangerous change in weather be forecast.		

SECTION VI - CERTIFICATIONS AND APPROVALS OF PRESCRIBED BURN PLAN

COOPERATER CERTIFICATION AND SIGNATURE:

As the owner/operator, I, as the decision maker have been involved in the planning process for this prescribed burn management plan. I have been informed that I could be liable for damages and the cost of fire suppression should the fire escape from the designated area as a result of this prescribed burn. No substitutions are allowed without the approval of the individual who developed the prescribed burn plan.

_____ Signature of Owner or Operator (Circle One) _____ Date

PLAN PREPARED BY:

Plan Prepared by (Print Name): _____
 Address: _____
 Phone Number: _____
 Company or Organization: _____
 Signature: _____ Date: _____

PLAN CERTIFICATION - CERTIFIED TSP (TECHREG) DEVELOPED BURN PLAN:

I certify that I have reviewed the documents for technical adequacy and that the elements of the document are technically compatible, reasonable and can be implemented. I have provided technical assistance to the client and provided deliverables to the client and NRCS for each element required by CAP 112 criteria. I certify that NRCS requirements are met and consistent with all applicable federal, state and local laws and regulations. I have been informed that I could be liable for damages and the cost of fire suppression should the fire escape from the designed area as a result of this prescribed burn. This Prescribed Burn Plan 338 or Cap 112 Plan (*circle one*) addresses all items required in the Conservation Practice Standard and Design Procedures in the 338 Standard / CAP 112 Plan (*circle one*).

TSP Certification (Print Name): _____
 Signature: _____ Date: _____

The 338 Prescribed Burn Plan or the CAP 112 Plan meets the requirements for NRCS Prescribed Burning outlined in the 338 Standard / CAP 112.

NRCS Certification (Print Name): _____
 Signature: _____ Date: _____

PLAN APPROVALS - NRCS or FARM BILL BIOLOGIST DEVELOPED BURN PLAN:

*PLAN CHECKED BY (Print Name): _____
 Signature: _____ Date: _____

* Person checking plan must have JAA approval for the Job Class of burn and be someone other than the preparer.

**PLAN APPROVED BY (Print Name): _____
 Signature: _____ Date: _____

** Person approving design must have JAA approval for the Job Class of burn being checked.

SECTION VII PART A - PRESCRIBED BURN IMPLEMENTATION - POST-BURN EVALUATION

COMPLETE IMMEDIATELY AFTER BURN HAS BEEN COMPLETED

1. Burn Unit Name: _____
2. Acres Burned: _____
3. Date of Burn: _____
4. Beginning Time of Burn: _____
5. Time Mop-up Completed: _____
6. Observed Weather Changes During Burn:

7. Fire Behavior:
- a. Spotting None Few Many
 - b. Difficult to Control Yes No
 - c. Convection Column Yes No
 - d. Fire Whirls Yes No
8. Objective of Burn was Met: Yes No

Evaluation Completed by: _____
Signature *Date*

PRACTICE CERTIFICATION - (TO BE COMPLETED AFTER BURN HAS BEEN CONDUCTED)

This applied practice meets Nebraska Standards and Specifications.

Signature TSP: _____ Date: _____
 (required when TSP provides implementation assistance)

This practice has been applied as designed.

Signature Producer: _____

Date: _____

(required when producer implements prescribed burn)

*This practice meets the objectives of Prescribed Burn (338)**

* Documentation required: Completed (pages 1-10) and signed NE-ECS-72 (or equivalent), copies of burn crew roster and burn permit. It is highly recommended that a copy of the weather graph be included in the documentation.

Signature NRCS: _____

Date: _____

OPTIONAL PRESCRIBED BURN CHECKLIST

(To be reviewed and filled out before burning on the DAY OF BURN)

Pre-burn Checklist (Day of Burn):

	YES	NO
1. Weather forecast favorable (predicted within burn prescription)	<input type="checkbox"/>	<input type="checkbox"/>
2. Necessary firebreaks have been constructed	<input type="checkbox"/>	<input type="checkbox"/>
3. Potential hazards have been accounted for	<input type="checkbox"/>	<input type="checkbox"/>
4. Special precaution areas noted	<input type="checkbox"/>	<input type="checkbox"/>
5. Backup/secondary firebreak locations noted	<input type="checkbox"/>	<input type="checkbox"/>
6. Safety equipment is adequate	<input type="checkbox"/>	<input type="checkbox"/>
7. Tools and equipment are on-site	<input type="checkbox"/>	<input type="checkbox"/>
8. Adequate personnel are available	<input type="checkbox"/>	<input type="checkbox"/>
9. Special considerations have been reviewed with crew(s)	<input type="checkbox"/>	<input type="checkbox"/>
10. Burn Permit obtained from local fire chief and on site	<input type="checkbox"/>	<input type="checkbox"/>

IF ANY OF THE ABOVE ARE ANSWERED "NO", DO NOT BURN

			Time Recorded
11. Actual weather conditions at burn site	Required	Actual	
a. Air Temperature	_____	_____	_____
b. Relative Humidity %	_____	_____	_____
c. Wind Speed	_____	_____	_____
	YES	NO	
d. Soil Moisture Adequate	<input type="checkbox"/>	<input type="checkbox"/>	
e. Acceptable Wind Direction	_____		
g. Actual Wind Direction	_____		
h. Fronts or changes expected	<input type="checkbox"/>	<input type="checkbox"/>	
12. Notification of units of government made			
a. Local Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	
b. Sheriff/County Dispatch	<input type="checkbox"/>	<input type="checkbox"/>	
13. Neighbors notified	<input type="checkbox"/>	<input type="checkbox"/>	

Checklist completed by: _____

Date: _____

OPTIONAL BURN CREW ROSTER

(Complete the day of Burn)

Burn Unit Name:

Number of people needed to conduct burn: _____

Burn Boss _____

TEAM ID

Engine/Pumper Drivers

Hose Operators

Igniters

Lead ATV/UTV Patrol

Additional ATV/UTV Patrol

Hand Tool Operators

Lookout/Weather

Other (Specify Job)

TEAM ID

Engine/Pumper Drivers

Hose Operators

Igniters

Lead ATV/UTV Patrol

Additional ATV/UTV Patrol

Hand Tool Operators

Lookout/Weather

Other (Specify Job)
