

Prescribed Burning Checkout and Certification

Cooperator:	Field Office:	
Plan No.:	Location:	
Checkout By:	Title:	Date:

Document actual practice completion

**Attach diagram or map indicating location of prescribed burn area.*

Purposes for Prescribed Burning	Purpose(s) Planned (Place a "V" in the box if yes) (Check all that apply)	Purpose(s) Accomplished (Place a "V" in the box if yes) (Check all that apply)
Control Undesirable Vegetation	<input type="checkbox"/>	<input type="checkbox"/>
Prepare Sites for Harvesting, Planting or Seeding	<input type="checkbox"/>	<input type="checkbox"/>
Control Plant Disease	<input type="checkbox"/>	<input type="checkbox"/>
Reduce Fuel Hazards that Lead to Wildfire	<input type="checkbox"/>	<input type="checkbox"/>
Improve Wildlife Habitat	<input type="checkbox"/>	<input type="checkbox"/>
Improve Plant Productivity, Health and Vigor	<input type="checkbox"/>	<input type="checkbox"/>
Remove Slash and Debris	<input type="checkbox"/>	<input type="checkbox"/>
Enhance Seed and Seedling Production	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate Distribution of Grazing and Browsing Animals	<input type="checkbox"/>	<input type="checkbox"/>
Restore and Maintain Ecological Processes and Ecological Site Integrity	<input type="checkbox"/>	<input type="checkbox"/>
Protect Air Quality from Wildfire Smoke Impacts	<input type="checkbox"/>	<input type="checkbox"/>

The results of the burn must meet the resource management objective(s) on at least 50% of the burn area.

Burn Completed on: _____ Weather Parameters fit the Prescription: _____ Acres Burned: _____

Notes/Comments Regarding Application of Burn: (describe conditions during burn and other pertinent information)

Signature: _____ Date: _____

I certify that this practice has been carried out as documented and meets standards and specifications.