Fuel Break Checkout and Certification

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

Document actual practice completion

Layout	
	Field #:
Type of Veg. Treated (pine, cedar, etc.):	
Width:	
Length:	
Percent Slope:	
Separation distance between tree crowns:	
Separation distance between shrubs:	
Herbaceous vegetation height:	
Woody debris removed (Y/N):	

Notes:
(*Attach a diagram w/location, protected area, and prevailing wind direction*)

Signature: _____

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