| **MN DNR Prescribed Burn Unit Plan** NA-01990-04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Burn Unit Name and ID:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| County Name | | Lat/Long | | | Sec | | | | Township | | | Range | | | | | | Forty | | Management Unit Name  and Number | | | | | | | | | Administrator | | |
|  | |  | | |  | | | |  | | |  | | | | | |  | |  | | | | | | | | |  | | |
| Burn Unit Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel Model1 | | | | MN Native Plant Community | | | | | | | | | Size of Burn (acres)1 | | | | | | | | Fuel Loading (tons/acre)1 | | | | | | | | | | |
|  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | |
| Additional Burn Unit Descriptors *(e.g. land management goals, overstory/understory, soil, water, other ownerships/administration within burn area, other descriptors (power lines, roads etc))* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Objectives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Purpose of burn (measurable treatment objectives):*  *Long term resource objectives:*  *Range of acceptable results:*  *Timing of treatment (in calendar terms and phenological terms):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burn Complexity: Use NWCG PMS 424: Prescribed Fire Complexity Rating System Guide to Determine Burn Complexity (attach summary worksheet & keep on file) | | | | | | | | | | | | | | | | | Low | | | | | Moderate | | | | | | High | | | |
| Burn Prescription Window\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This cell is blank. | | | | Outputs Prescription Parameters | | | | | | | | | | | | | | Guidance Prescription Parameters | | | | | | | | | | | | | |
| Wind  Direction | Blank cell | | | Spread Rate | | | | | | Flame Length | | | | | | | | Wind Speed | | | Temp. | | | Relative Humidity | 1 Hr Fuel Moisture | | | | | 1000 Hr Fuel Moisture or Drought Code | |
| Head | Backing | | | | | | Head | | Backing | | | | | 20’ | Mid flame | |
|  | Maximum Prescription | | |  |  | | | | | |  | |  | | | | | Max | Max | | Max | | | Min |  | | | | |  | |
| Minimum Prescription | | |  |  | | | | | |  | |  | | | | | Min | Min | | Min | | | Max |  | | | | |  | |
| \*Specific considerations for other fuel models or objectives should be entered on a separate line in the table.  At Very High or above fire indices other indices to be considered include Probability of Ignition, Fire Weather Index, and Initial Spread Index. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Considerations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Consideration | | | | | | | | Mitigation | | | | | | | | | | | | | | | | | | | | | | | |
| Max. Probability of Ignition: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Indices to meet objectives: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Cultural site(s): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Natural Heritage Elements: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Adjacent Land Concerns: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Peat Soils or Wet Soils: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **Emergency Telephone Numbers** | | | | | | | | | | | | | | | **Burn Activity Contacts** | | | | | | | | | | | | | | | | |
| Forestry | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Fire Dept | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Sheriff | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Medical | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | |
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| Personnel Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burn Boss Level (Note: tied to the burn complexity level): | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Number Needed | | | Position | | | | | | | | | | | | | | | | | | Names(Optional) | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Equipment Needs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number needed | | | Equipment Type | | | | | | | | | | | | | | | | | | Source | | | | | | | | | | |
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| Operations Plans | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pre-burn Site Preparation Plan: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ignition/Firing Plan: (Include provisions for a test fire, firing pattern, firing device, preferred wind direction, hazards/special considerations): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Holding Plan: (Staging area, holding lines, resources and positions): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patrol/Mop-up Plan: (Mopup instructions, safety concerns, weather, contingency, rehab, patrol instructions): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contingency Plans4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Include secondary control lines, termination of ignition procedures, list of contingency resources and approximate response times, trigger points, backup plan for equipment failure etc.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoke Management Plan[[1]](#footnote-1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoke Dispersion Category (should be fair or better to burn)1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Distance and Direction from Smoke Sensitive Area(s)1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Smoke Management Plan (Describe how you intend to mitigate the effects of smoke on roads, firefighters, neighbors and other sensitive receptors. Include safety considerations)1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identify safety zones, escape routes, communications plan: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Plan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (In addition to notification of 9-1-1 dispatcher, identify nearest ground and air ambulance service, availability of paramedics, location of nearest hospital and list what first aid supplies are available at the burn site and what person or equipment they are assigned to): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List of Attachments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Map | | | | | |  | | | | | Fire Behavior Calculations | | | | | | | | | |  | | {Enter other info and delete this text} | | | | | | | |  |
| Permission to Burn on non-DNR Land | | | | | |  | | | | | Road Control Plan (optional) | | | | | | | | | |  | | {Enter other info and delete this text} | | | | | | | |  |
| Risk/Safety Assessment | | | | | |  | | | | | Organization Chart (optional) | | | | | | | | | |  | | {Enter other info and delete this text} | | | | | | | |  |
| Signatures | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepared by: | | | | | | | | | | | | | | Qualification Title: | | | | | | | | | | | | Date: | | | | | |
| Reviewed by[[2]](#footnote-2): | | | | | | | | | | | | | | Qualification Title: | | | | | | | | | | | | Date: | | | | | |
| Reviewed by[[3]](#footnote-3): | | | | | | | | | | | | | | Title: | | | | | | | | | | | | Date: | | | | | |
| Contingency Review by[[4]](#footnote-4): | | | | | | | | | | | | | | Title: | | | | | | | | | | | | Date: | | | | | |
| Approved by3: | | | | | | | | | | | | | | Title: | | | | | | | | | | | | Date: | | | | | |

| Forestry Review | |
| --- | --- |
| Recipient: | Date Sent: |

**GO/ NO GO CHECKLIST: PRE-BURN, CREW BRIEFING, TEST FIRE and POST-BURN CHECKLIST**

**Prescribed Burn**

**Site Name: Burn Unit: Date:**

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| Has the area (inside and outside the unit) experienced unusual drought conditions or does it contain above-normal fuel loadings which were not considered in the prescription development? If YES, go to question below. If NO, continue with Section A. | **YES** | **NO** |
| If YES, have appropriate changes been made to plans for ignition, holding, mop-up, patrol, and contingencies? If YES, continue with Section A. If NO, **stop** and consult with Supervisor and local suppression lead. |  |  |

1. **PRE-BURN (Prior to Crew Briefing)**

Fire Unit is as described in plan and copy of plan is on site.

Required firebreaks complete and are adequate for current and predicted conditions.

Qualified Burn Boss present, permits obtained. Give permit #’s:

Required number of crew present with required PPE.

Weather forecast obtained and within prescription. Long-range forecast checked for severe weather.

Official and neighbor notifications complete.

Required equipment for holding, weather monitoring, ignition and suppression is on-site and functioning.

Planned ignition and containment methods are appropriate for current and predicted conditions.

Planned contingencies and mop-up are appropriate for current and predicted conditions.

List of emergency phone numbers are with each resource.

Off-site contingency resources are confirmed operational and available.

The Probability of Ignition (PIG) is under 65% for the adjacent fuels or mitigation factors have been implemented.

1. **CREW BRIEFING**

Each crew member has a map or reviewed a map (i.e. small, low complexity burns).

**Each item below has been discussed with crew:**

Crew has inspected and tested equipment.

Burn unit size and boundaries.

Burn unit hazards and safety issues, including LCES (refer to current *IRPG*)

Purpose of burn, current and expected weather, anticipated fire and smoke behavior.

Organization of crew and assignments.

Methods of ignition, holding, mop-up, communications (radio check, frequencies, etc.).

Contact with the public; traffic concerns.

Location of main roads, vehicles, keys, and nearest phone.

Location of back-up equipment, supplies, and water.

Contingencies for escaped prescribed fire.

Planning for medical emergency (refer to current *IRPG*)

Wildland Urban Interface concerns.

Answer questions from crew.

Ask crew if they wish to “turn down” an assignment or participation in the burn (refer to current *IRPG*)

1. **TEST FIRE**

On-site weather and fuel conditions are within prescription and consistent with forecast.

Test burn conducted; fire and smoke behavior within prescribed parameters.

1. **POST BURN CHECKLIST**

Mop-up completed as described in burn plan.

Night patrol assigned, if needed.

Day shift assigned for days following burn, if needed.

Notifications of completed burn, if required (Escape burn report completed if necessary).

After Action Review (AAR) completed with crew.

Burn Boss sign and date form when burn is completed.

**Burn Boss: Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Prescribed Burn Unit Log | | | | | | |
| Weather | | | | | | |
| This cell is blank. | Time | Wind Direction | Wind Speed | Temperature | Relative Humidity | Comment |
| Forecasted Fire Weather |  |  |  |  |  |  |
| Spot weather forecast |  |  |  |  |  |  |
| Observed weather |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Observed Fire Behavior | | | |  | Acres Burned by Cover Type | | | |
| Time | Spread Rate | Flame Lengths | Scorch Height | Fuel Model | Completed Acres | ECS Type Sub Type | Completed Acres |
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| Post Burn Observations | | |
|  | | |
| Recommendations | | |
|  | | |
| Burn Boss Signature | | |
| Name: | Title: | Date: |

1. Required for MN Pollution Control Agency reporting requirements. [↑](#footnote-ref-1)
2. All burn plans must be reviewed and signed by a qualified Burn Boss 1 or 2 as specified by Commissioner’s Op. Order 47 [↑](#footnote-ref-2)
3. As per Division policy [↑](#footnote-ref-3)
4. Contingency plan must be reviewed by suppression personnel as designated by the local Area Forestry Supervisor. [↑](#footnote-ref-4)