Delegation of Authority for a Review of a Prescribed Burn Incident

Date:

To: Chair-Regional Prescribed Burn Committee—*Name of Chair*

Subject: *Name of Escape/Incident*

Effective at *XXXX hours on provide the date*, I have delegated the Regional Prescribed Burn Committee to form a review team and conduct a review of the prescribed burn escape and any other associated significant incident(s) as defined in the Prescribed Burn Handbook. The expectation will be that the formation of the review team, the review, and draft written report will follow all the elements described in the Prescribed Burn Handbook. The Review Team will be accountable to the Regional Director or designated Regional Management Team representative.

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NW Regional Director Date/Time

I accept this Delegation:

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Chair-Regional Prescribed Burn Committee Date/Time