Delegation of Authority for a Review of a Prescribed Burn Incident

Date:

To: Chair-Regional Prescribed Burn Committee

Subject:

Effective *at* , 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 Statewide Prescribed Burn Committee.

_____ _____

Regional Director Date/Time

I accept this Delegation:

_____ _____

Chair-Regional Prescribed Burn Committee Date/Time