



Prescribed Burn Plan

Plan must be submitted and approved prior to implementation.

Landowner/Operator: _____	Today's Date: _____
Address: _____	
Phone Number: _____	
Email: _____	
Responsible Entity (individual/organization): _____	
Address: _____	
Phone Number: _____	

Burn Location address: _____

County Program (If Applicable): CPR WRP CSP WHIP Other: _____

Objective of the burn (ex. Remove duff/stimulate warm season grasses/control invasive, ceremonial bonfire):

Vegetation/Site description (ex. Tall/Short grass, brush timber slash, open field, etc) Be Specific: _____

Preferred Date/window of Burn (Month/Year): _____

Alternate Date/Window of Burn (Month/Year): _____

Burn Plan Map: **Attach and Label an aerial photo identifying all of the following:**

- Location of burn unit; acres to be burned: _____
- Type, size and location of the firebreaks (minimum width 2 times the vegetation height)
- Test burn location
- Slope considerations (aspect and percent)
- Areas needing special protection from smoke and/or fire (roads, buildings, power poles, etc.)
- List any special concerns or smoke considerations: _____
- Property boundaries, escape routes, safety zones, water resources, hazards
- Access roads

Notification Requirements:

- Dispatch Telephone: (920) 906-5555 _____
- Fire Department B.C. Telephone: (920) 322-3803 _____
- Division Chief: (920) 579-5353 _____
- DNR (If Applicable): _____
- Additional Neighbors: _____
- Other: _____

PERMITS NEEDED (List all appropriate permits)

Permitter/Person (If known)	Phone Number	Obtained

Burn Boss (If known): _____ **Qualification(s)**: _____

Minimum personnel required to conduct burn: _____

Burn Personnel	Qualification(s)

Safety and Burn Equipment (List number of each item needed):

- | | | |
|---------------------|----------------------|-------------------------|
| _____ Drip Torch | _____ Pumper Truck | _____ Flags for Highway |
| _____ Backpack Pump | _____ Portable Pump | _____ Pulaski |
| _____ Flappers | _____ 2-Way Radios | _____ Fire Shelter |
| _____ Rakes | _____ Chainsaw | _____ Cell Phones |
| _____ ATV | _____ Drinking Water | _____ Shovel |

Additional: First Aid Kit, Weather Kit, Personal Safety Gear (Leather Gloves, high-top lace-up leather boots, natural fiber clothing/nomex, hat, lighters, wire cutters, eye protection).

Communications Plan (radio requirement, etc.): _____

Acceptable Conditions: Document actual conditions in the Go/No Go checklist (Page 4) on the day of the burn. If any of the following constraints cannot be met or are on the edge of the limits for more than one parameter; do not burn that day. (**Red Flags Conditions:** Temp >80 degrees or Wind >20 mph or relative Humidity <20%; Avoid light and variable winds: Do not burn within **12 hours** of an approaching weather front or during Orange/Red air quality days (see link below).

- Temperature 40-80 degrees
- Wind 3-18 mph from _____. Acceptable direction(s) for burning are: _____
- Relative Humidity 25-60%
- All attempts will be made to complete the burn before dusk.

Useful Prescribed Fire Websites:

Weather: <http://fire.boi.noaa.gov>

Fire Danger/Permits: <http://www.dnr.state.wi.us/org/land/forestry/fire>

Wisconsin Prescribed Fire: <http://www.prescribedfire.org>

Wisconsin Air Quality Hotline: 1-866-324-5924 or <http://maps.dnr.state.wi.us/imf.dnrimf.jsp?site=wisards>

Maps: <http://websoilsurvey.nrcs.usda.gov>

Ignition Plan: Identify location and sequence of the burn on the attached Burn Plan Map. Are backing fires and head fires labeled? Include blackline considerations.

Contingency Plan: Consider any areas adjacent to the burn unit that may require attention.

Additional Considerations:

- Fond du Lac Fire/Rescue's Battalion Chief and Division Chief shall be notified at (920) 322-3803 prior to starting the fire.
- No burning shall take place within 50 feet of any building.
- The pile of combustibles shall be kept to a controllable size and additional burnable may be added only as the pile burns down. Containment of the fire in the burn area is a must.
- The fire must be physically monitored by a responsible person until the fire is out or extinguished.
- If the fire becomes a nuisance or we receive a complaint while in progress, we retain the right to extinguish the fire.

Additional Considerations:

Site Visit Concerns (to be completed by the Division Chief of Community Risk Reduction and Life Safety):

Certification: I acknowledge that I may be held liable for any and all damages and/or suppression costs if the fire escapes, smoke damage occurs, or accidents are caused as a result of the prescribed burn.

Landowner Signature

Date

Plan Written By

Date

Fire Department Representative

Signature of acceptance

Date

Site Inspection Date

Burn Permit Application Fee: \$30.00

_____ Cash

_____ Check

Expiration of this permit is 30 days after issuance

Go/No Go Checklist

Date of Burn: _____

Time of Burn: _____

- All Burn plan personnel are on site
- All personnel have appropriate safety gear.
- All personnel have been briefed and aware of their assignments and the burn unit.
- All personnel are aware of the objectives, ignition plan, extra resources, escape routes and safety zones.
- All necessary permits and approvals have been obtained
- All pre-burn contacts have been made. (Dispatch, Fire Department Captain)
- Adequate burn map provided to all personnel.
- All smoke management specifications are met and addressed.

- Temperature 40-80 degrees; Actual temperature on site: _____
- Wind speed 3-18 mph; Actual wind speed on site: _____ Direction _____
- Relative Humidity 25-60%; Actual RH on site: _____

- Above weather parameters are within burn prescription.
- All of the necessary equipment is available and operational.
- The contingency plan and resources have been discussed and are available.
- All fire prescription elements are met.

Burn Boss

Date

Continuation Sheet for any other items that did not fit on other pages or extra notes to be included.

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