



# MARYLAND DNR FOREST SERVICE PRESCRIBED BURN PLAN



Burn Plan # \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Date:** Click to enter a date

**Submitted by:** \_\_\_\_\_

**Date:** Click to enter a date

**Approved by:** \_\_\_\_\_

**Date:** Click to enter a date

Fire Manager

ESA Management (State Lands Only) - Burn Plan requires review / approval of WHS

☐ Check if no ESA in the Burn area, approval not required.

☐ Check if WHS review and approval has been completed.

## I. **LOCATION:**

Region: Select a Region

County: Select a County.

Ownership: Select Ownership

Property Owner Name: \_\_\_\_\_

Property Owner Email Address: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

Property Owner (Mailing Address): \_\_\_\_\_

Land Manager Name (if applicable): \_\_\_\_\_

Land Manager Email: \_\_\_\_\_

Land Manager Phone Number: \_\_\_\_\_

Property Location

(Street Address): \_\_\_\_\_

Property Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

*\*Must be in decimal degree format out to 4 decimal places*

## II. **PURPOSE AND OBJECTIVE:**

☐ Hazard Fuel Reduction

☐ Pollinator Habitat Improvement

☐ Marsh - Hazard Reduction

☐ Invasive Species Control

☐ Site Preparation

☐ Warm Season Grass Maint.

☐ Marsh - Habitat Improvement

☐ ESA Management – WHS Review  
Required

☐ Wildlife Habitat Improvement

☐ Cool Season Grass Maint.

☐ Marsh - Phragmites Control

Other Purpose (not listed above): \_\_\_\_\_

Prescribed Burn Objective: (specific, measurable, attainable, relevant, and time-bound)

\_\_\_\_\_

III. **BURN UNIT DESCRIPTION:**

Burn Unit Description: (Overstory / Understory description, size class, species, past management activities, etc.)

Unit Number	Acres	Fuel Model	% Slope	Aspect	% of overall burn
_____	_____	Select Fuel Model	_____	_____	_____

Adjacent Fuels / Area Description

Fuel Model	% Slope	Aspect
Select Fuel Model	_____	_____

IV. **WEATHER AND FUEL CONDITIONS:**

Weather / Fuel Parameter	Minimum	Preferred	Maximum
Wind Direction	_____	_____	_____
Wind Speed (eye level)	_____	_____	_____
Temperature	_____	_____	_____
Relative Humidity	_____	_____	_____
Days Since Last Measurable Precipitation	_____	_____	_____
Drought Index	_____	_____	_____
Fine Dead Fuel Moisture - 1 hr	_____	_____	_____
10 Hour Fuel Moisture	_____	_____	_____
100 Hour Fuel Moisture	_____	_____	_____
Mixing Height	1700	_____	_____
Live Fuel Moisture	_____	_____	_____

Other Weather / Fuels Prescriptions: \_\_\_\_\_

V. **SMOKE MANAGEMENT PLAN:**

Description of Smoke Sensitive Targets within 1 mile: \_\_\_\_\_

Description of Smoke Sensitive Targets within 5 miles: \_\_\_\_\_

Mitigations in place to minimize smoke impacts: \_\_\_\_\_

***\*Smoke management maps showing a 1 mile and 5 mile radius from the burn site must be attached.***

**Burning should not be conducted during pollution alerts as determined by the National Weather Service**

**VI. BURN CONDITIONS, FIRING, AND PRE-BURN FACTORS**

Description of Control Line and Line Construction Methods: \_\_\_\_\_

Test Fire Location and Procedures: \_\_\_\_\_

Firing Methods \_\_\_\_\_

Firing Procedure / Sequence: \_\_\_\_\_

Contingency Plan for Drone Operations should the drone become unavailable to the burn:  
\_\_\_\_\_

Predicted Fire Behavior (Behave Plus 6.0): *The data presented below are results from BehavePlus 6.0 output runs using the minimum and maximum threshold values for the prescribed fuel and weather parameters.*

Select Fuel Model	Minimum	Preferred	Maximum
Head Fire Rate of Spread (ch/hr)	_____	_____	_____
Head Fire Flame Length (ft)	_____	_____	_____
Backing Fire Rate of Spread (ch/hr)	_____	_____	_____
Backing Flame Length (ft)	_____	_____	_____
Probability of Ignition	_____	_____	_____

Estimated Burn Duration: \_\_\_\_\_ hours

Starting Time: \_\_\_\_\_

Estimated Time of Completion: \_\_\_\_\_

Time of Year: \_\_\_\_\_

Number of Prescribed Burn Hazard Signs: \_\_\_\_\_

Location of Prescribed Burn Hazard Signs: \_\_\_\_\_

**Equipment Required on Site:**

Item	Quantity	Source
Choose an item.	_____	_____

Other Equipment Not Listed Above: \_\_\_\_\_

Control Procedures: \_\_\_\_\_

Mop Up Procedures: \_\_\_\_\_

Special Precautions: \_\_\_\_\_

Contingency Plan: *Describe contingency lines, the location, availability and response time of contingency resources, contact info for contingency resources and how escape fires will be managed.* \_\_\_\_\_

**Contingency Resources:**

Resource	Response Time (hours)	Location	Contact Name	Contact Phone Number
_____	_____	_____	_____	_____

Staffing plan post burn: \_\_\_\_\_

**VII. MEDICAL PLAN:**

Safety Hazard Present	Hazard Mitigation Actions
_____	_____

Nearest medical facility: \_\_\_\_\_

In the event of a medical incident, provide the following location as a place to meet emergency medical services to either pick up the patient or to meet prescribed fire personnel to be led to the patient:

Location Description: \_\_\_\_\_

Street Address (if applicable): \_\_\_\_\_

Lat / Long (decimal Degree): \_\_\_\_\_

If applicable - Landing Zone location: \_\_\_\_\_

If applicable – EMT on site

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VIII. BURN CREW ORGANIZATION:**

Burn Boss: \_\_\_\_\_

Firing Boss: \_\_\_\_\_

Holding Boss: \_\_\_\_\_

Weather Observer: \_\_\_\_\_

Number of additional personnel required to be on site: \_\_\_\_\_

**IX. PRE-BURN NOTIFICATIONS:**

***Notifications to be made 24 hours in advance.***

List Adjacent Property Owners:

Name	Address	Phone Number	Person responsible for making notification
_____	_____	_____	_____

County Air Quality Officer (if applicable):

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fire Manager

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Land Unit Manager (State Lands)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

State Restoration Ecologist (ESA Only)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***Notifications to be made the day of the burn.***

County EOC / 911 Center

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

MD DNR Forest Service Project Office

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**X. ATTACHMENTS**

- ☐ Area overview map of the site *(to include burn area, control lines, roads / trails, Water Sources, etc)*
- ☐ Burn unit map
- ☐ Smoke Impact Map with 1 mile smoke radius
- ☐ Smoke Impact Map with 5 mile smoke radius
- ☐ Contingency Map (Optional)
- ☐ Pre-ignition or Go/No Go Checklist
- ☐ Pre-ignition Briefing Checklist
- ☐ Prescribed Burning Agreement (private property)
- ☐ Prescribed Burn Evaluation
- ☐ (Optional) Prescribed Burn Weather Documentation Sheet



## FOREST SERVICE PRESCRIBED BURN CHECKLIST



YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an APPROVED prescribed burn plan?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL fire prescription elements met?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL smoke management specifications met?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL permits and clearances obtained?
<input type="checkbox"/>	<input type="checkbox"/>	Has an area fire weather forecast been obtained and is it favorable?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL required personnel in the prescribed fire plan on site?
<input type="checkbox"/>	<input type="checkbox"/>	Has the contingency planning process adequately considered fuels adjacent to and within a reasonable proximity to the burn area?
<input type="checkbox"/>	<input type="checkbox"/>	Has the availability of ALL contingency resources been checked and are they available?
<input type="checkbox"/>	<input type="checkbox"/>	Have ALL personnel been briefed on prescribed burn objectives and understand their assignment?
<input type="checkbox"/>	<input type="checkbox"/>	Have ALL personnel been briefed on safety hazards, escape routes, and safety zones?
<input type="checkbox"/>	<input type="checkbox"/>	Have ALL the required notifications been made?
<input type="checkbox"/>	<input type="checkbox"/>	Are the on-site holding forces adequate for containment under expected conditions?
<input type="checkbox"/>	<input type="checkbox"/>	Have on site weather observations been taken?
<input type="checkbox"/>	<input type="checkbox"/>	Are all personnel on site qualified and wearing appropriate PPE?
<input type="checkbox"/>	<input type="checkbox"/>	In YOUR OPINION, can the prescribed fire meet the planned objectives, and can it be carried out according to the approved plan?

I certify that I have reviewed the burn objectives and that all the above questions were answered "Yes".

\_\_\_\_\_  
Prescribed Burn Boss

\_\_\_\_\_  
Date / Time

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date / Time

Proceed with a test fire and document the current conditions, location, and results.

Pre-Burn On Site Weather Observations

Temp: \_\_\_\_\_ RH: \_\_\_\_\_ Wind Speed/Direction: \_\_\_\_\_ Sky: \_\_\_\_\_



## MARYLAND FOREST SERVICE PRESCRIBED BURN BRIEFING CHECKLIST



- ☐ Each crew member has a burn unit map (if applicable).
- ☐ Review burn unit fuel type, size, control lines, terrain, access, & property boundaries.
- ☐ Review burn purpose & objectives.
- ☐ Review weather forecast and burn plan's parameters.
- ☐ Review anticipated fire and smoke behavior.
- ☐ Review the fuel type, terrain, and anticipated fire behavior adjacent to the burn unit.
- ☐ Review organization of crew and assignments.
- ☐ Review methods, logistics, and sequence of ignitions.
- ☐ Review the holding plan (including water sources).
- ☐ Review communications plan.
- ☐ Review contact with the public and any traffic concerns.
- ☐ Review the contingency plans including escape routes and safety zones.
- ☐ Review Location, type, and dispatch of back-up resources.
- ☐ Review required personal protective equipment (PPE).
- ☐ Review burn unit hazards and mitigations.
- ☐ Review medical plan (include EMS rendezvous points and first aid kit / AED locations)
- ☐ Review incident within an incident protocol.
- ☐ Review mop up standards and procedures.
- ☐ Review safe staging of transportation vehicles and keys left in ignition.
- ☐ Answer all questions from crew.

If the Maryland Forest Service is conducting or assisting with this burn and they have wildfire initial attack responsibilities, review how Initial attack requests will be handled.



# MARYLAND FOREST SERVICE PRESCRIBED BURN COMPLETION FORM



Report your completed prescribed burns [here](#).





# Prescribed Burning Weather & Fire Behavior Documentation Sheet

Prescribed Burn Number	
Prescribed Burn Date	
Observer Name	

PREBURN WEATHER OBSERVATIONS							
Location:							
Time	Temperature	Relative Humidity	Wind Speed	Wind Gust	Wind Direction	FDFM	PIG

Test Burn	Test Burn Location	
Test Burn Notes:		

WEATHER & FIRE BEHAVIOR OBSERVATIONS									
Location:									
Time	Temp.	R.H.	Wind Speed	Wind Gust	Wind Dir.	FDFM	PIG	Flame Length (feet)	Rate of Spread (Feet per Minute)
Notes:									

WEATHER & FIRE BEHAVIOR OBSERVATIONS									
Location:									
Time	Temp.	R.H.	Wind Speed	Wind Gust	Wind Dir.	FDFM	PIG	Flame Length (feet)	Rate of Spread (Feet per Minute)
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