



MARYLAND DNR FOREST SERVICE
PRESCRIBED BURN PLAN



Burn Plan # _____

I LOCATION:

Region: Click to Select County: Click to Select Ownership: Click to Select

Property Owner: _____

Address: _____

Property Location: Lat / Long _____

Address _____

II PURPOSE and OBJECTIVE:

Purpose: Click to Select

Other: _____

Objective: _____

III DESCRIPTION OF BURN AREA:

Acres _____

Overstory: Type: _____ Density: _____ Size: _____

Understory: Type: _____ Density: _____ Size: _____

Fuels: Type: _____ Density: _____ Age: _____ Fuel Model: _____

IV WEATHER CONDITIONS:

Wind: Direction: _____ Wind Speed (Eye-Level): Min: _____ Max: _____

Relative Humidity: Min: _____ Max: _____

Temperature: Min: _____ Max: _____

Drought Index: Min: _____ Max: _____

Fine Fuel Moisture -1 hour: Min: _____ Max: _____

10 hour fuel moisture: Min: _____ Max: _____

100 hour fuel moisture: Min: _____ Max: _____

Mixing Height: Min: _____ Max: _____

Transport Wind Direction(s): _____

Live Fuel Moisture: **Herbaceous**: Min: _____ Max: _____ **Woody**: Min: _____ Max: _____

Probability of Ignition of Adjacent Fuels: _____

V SMOKE MANAGEMENT PLAN:

Attached Smoke Management Maps with 1 & 5 mile radius

Distance and direction from smoke sensitive area(s): _____

NOTE: BURNING SHOULD NOT BE CONDUCTED DURING POLLUTION ALERTS AS DETERMINED BY THE NATIONAL WEATHER SERVICE.

VI PRE-BURN FACTORS:

Line Construction Method: _____
Exterior: _____ Interior: _____ Total: _____
Line Firing: Feet
Exterior: _____ Interior: _____ Total: _____

VII BURN CONDITIONS AND PROCEDURES:

Test Fire Location & Procedures: _____
Firing Method/Procedures: _____
Expected Rate of Spread (chains/hr): In Burn Area: _____ In Adjacent Fuels: _____
Expected Flame Length: In Burn Area: _____ In Adjacent Fuels: _____
Estimated Burn Duration (hours): _____
Starting Time: _____ Estimated Time of Completion: _____
Time of Year: _____
Equipment Required On Site: _____
Rx Burn Hazard Signs: Number: _____ Location: _____
Control Procedures: _____
Mop-up Procedures: _____
Special Precautions: _____

VIII BURN CREW ORGANIZATION:

Burn Boss: _____
Firing Boss: _____
Holding Boss: _____
Weather Observer: _____
Number of Additional Personnel Required On Site: _____
Reinforcements Available: Location: _____ Contact Name: _____ Phone # _____

IX NOTIFICATION: (Minimum of 24 hours in advance of burn)

Adjacent Property Owners: Name: _____ Phone #: _____
Air Quality Officer (if applicable): Name: _____ Phone #: _____
Fire Manager: Name: _____ Office #: _____ Cell #: _____
Land Unit Manager (State Lands): Name: _____ Office #: _____ Cell #: _____
State Restoration Ecologist (ESA only): Name: _____ Office #: _____ Cell #: _____

Notification prior to Ignition of Test Fire

County Emergency Operations Center: Name: _____ Phone #: _____
Maryland DNR Forest Service: Project Office: _____ Phone #: _____
Other: _____

X ATTACHMENTS:

Area Map with Site Location: Map of Burn Area:
Smoke Impact Map (1 & 5 miles smoke radius):
ESA Management Map (state lands if applicable):
Pre-ignition or Go/No Go Checklist:

Prescribed Burning Agreement: (private property)

XI APPROVAL

ESA Management (State Lands only)) – Burn Plan requires review/ approval of WHS

Check if WHS review & approval has been completed

Prepared By: _____

Date: _____

Approved By: _____

Fire Manager

Date: _____

NOTE: Burn plans must be submitted a minimum of 30 days prior to planned ignition date

Revised November 2010