



# Prescribed Fire Plan

*(All items highlighted in yellow are required by Nebraska State Statute to be included within a burn plan. Additional information you provide becomes part of your prescribed fire prescription)*

**Name of Landowner or Land Manager:** \_\_\_\_\_

**Prescribed Fire Supervisor:** \_\_\_\_\_

**Landowner Phone Number** \_\_\_\_\_

**Prescribed Fire Supervisor Phone Number** \_\_\_\_\_

**Burn Plan Developer** \_\_\_\_\_

**Burn Plan Checked By:** \_\_\_\_\_

**Location of Prescribed Fire**

*Legal Description* Quarter: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

County \_\_\_\_\_

Distance and direction from nearest town: \_\_\_\_\_

**Fire District** \_\_\_\_\_

**Fire Chief Name** \_\_\_\_\_

**Fire Chief Phone Number** \_\_\_\_\_

**Size of Prescribed Fire** \_\_\_\_\_ Acres

**Prescribed Fire Objectives**

*Check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Control woody vegetation | <input type="checkbox"/> Enhance forage quality    |
| <input type="checkbox"/> Improve wildlife habitat | <input type="checkbox"/> Reduce wildfire potential |
| <input type="checkbox"/> Other (Specify) _____    |  |

**Description of Permanent or Installed Firebreaks Surrounding the Burn Unit**

*List the type of firebreak and necessary width if applicable.*

**Activities Needed to be Completed Prior to the Prescribed Fire**

*Grazing management needs, installation of firebreaks, tree removal from boundary lines, travel lane preparation, protection of features within the burn unit, etc.*

**Map of the Burn Unit (Attached)**

**Procedures for Conducting the Prescribed Fire**

*Describe how the prescribe fire will be conducted*

[Empty rectangular box for describing the prescribed fire procedure]



**Contingency Plan**

*Describe actions to be taken in the event of a shift in wind direction, stop-over, or fire escape outside of the burn boundary. This description should include tactical and personnel actions.*

[Empty rectangular box for Contingency Plan description]

**Smoke Management**

*List downwind smoke sensitive features (roads, homes, hospitals, airports, feedlots, etc.) including distance and tactics to minimize smoke-related issues.*

[Empty rectangular box for Smoke Management description]

## Prescribed Fire Fuels and Conditions

Indicate the approximate percentage of each type of fuel that exists within the prescribed fire boundary.

	0% to 10%	10% to 33%	33% to 66%	66% to 100%
Live grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead grass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live small trees (less than 5 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead small trees (less than 5 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live medium trees (5 to 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead medium trees (5 to 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live large trees (over 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead large trees (over 15 feet tall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Fuels Adjacent to the Prescribed Burn Unit

Describe the type and condition of fuels in the areas adjacent to the prescribed burn unit.

## Prescribed Fire Weather Conditions

Windspeed _____	Wind direction _____
Relative humidity _____	Temperature _____
Fine dead fuel moisture _____	Haines index _____
Mixing height _____	Other (specify) _____
<b>Following Day Fire Weather Conditions</b>	
Windspeed _____	Wind direction _____
Wind direction _____	Temperature _____
Relative humidity _____	Haines index _____
Temperature _____	Other (specify) _____

## Equipment

Needed      Recommended

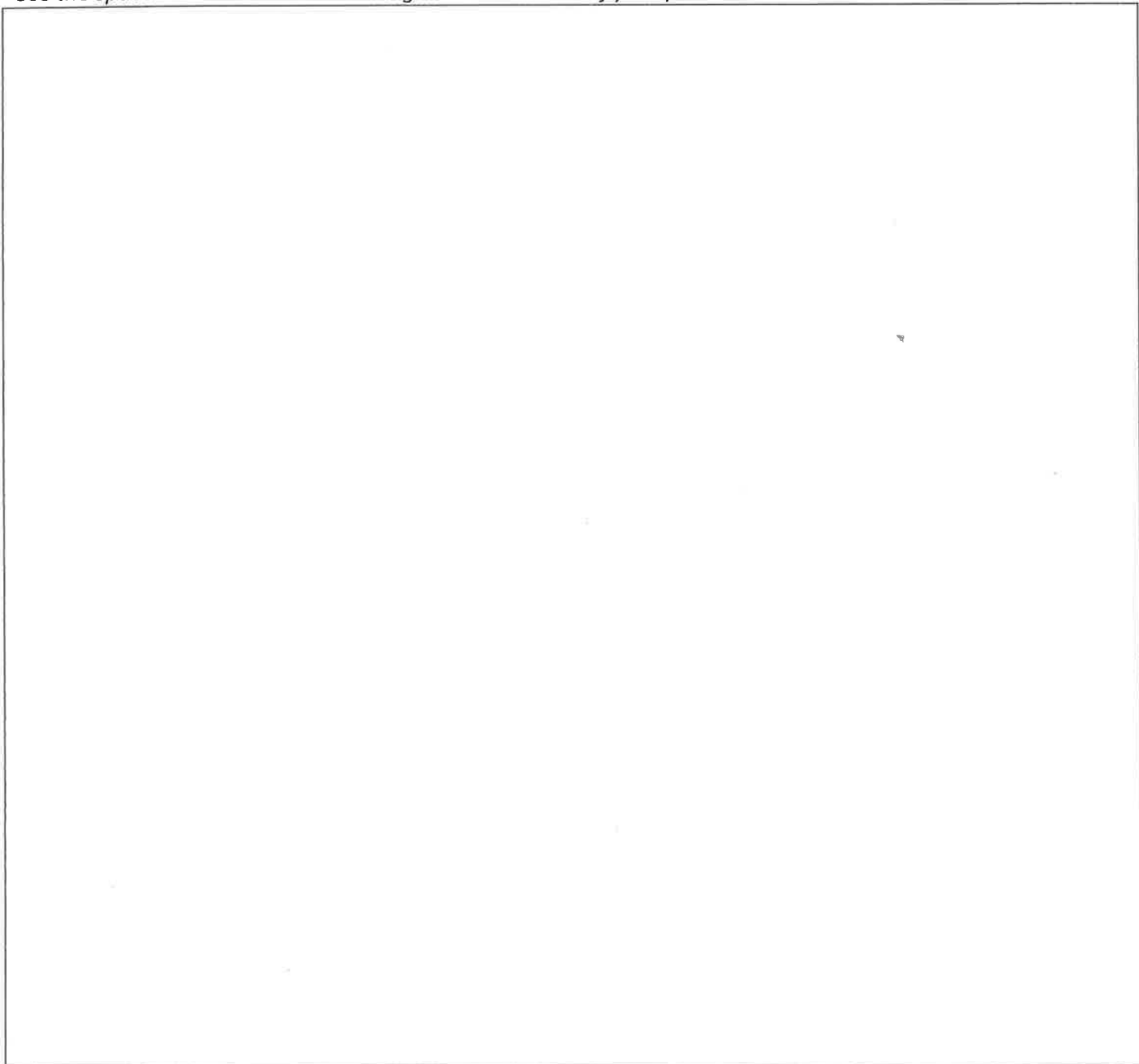
	Needed	Recommended	
Pumper trucks			
Water tenders			
ATVs			
Drip torches			
Radios			
Flappers			
Hand tools			
Chainsaws			
Backpack sprayers			
Gasoline (gal)			
Drip torch fuel (gal)			
Weather monitoring device			
Roadside caution signs			
Drinking water			

**Needed      Recommended      Comments**

Ignitors			
Truck drivers			
Pump/hose operator			
ATV operator			
Hand crew			
Water tender manager			
Spotter			
Weather observer			
Traffic manager			

**Organizational Chart**

*Use the space below to construct an organizational chart of your personnel and teams.*



## **Mop-up and Other Post-Fire Activities and Standards**

### **Day of Prescribed Fire**

*Use this space to describe standards for extinguishing active fire and smoke distance from the prescribed fire boundary before fire crews leave the fire.*

### **24 Hours Following Prescribed Fire**

*Use this space to describe patrolling standards for monitoring and patrolling the prescribed fire unit in the 24 hours following the prescribed fire.*

### **1 Week Following Prescribed Fire**

*Use this space to describe patrolling standards for monitoring and patrolling the prescribed fire unit in the week following the prescribed fire.*