

Operational Review Checklist

Date(s):		State:	
Incident Type	<input type="checkbox"/> Prescribed Burn <input type="checkbox"/> Wildfire <input type="checkbox"/> Other (describe):		
Burn Boss/ TNC lead		Location:	
Lead Agency or Org		Name: Burn/ Incident	

RATINGS:

- 0 - Deficient. Does not meet minimum requirements. DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.
- 1 - Needs improvement. IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
- 2 - Satisfactory. Meets all requirements of the individual element.
- 3 - Superior. Consistently exceeds the performance requirements.

Equipment

Element	0	1	2	3	Remarks
Vehicles					
Fire Extinguishers					
First Aid Kit(s)					
Pumps/ hoses/fittings					
Hand tools					
Radios					
Firing devices					
PPE					
Backup water delivery					

General Operations

Element	0	1	2	3	Remarks
Participants Qualified for roles					
Crew Briefing					
ICS- crew organization, span of control					
LCES					
Crew Maps					
Communications					
On-site weather monitoring					
Personnel equipment competency					
Personnel health, hydration, fatigue					
Crew cohesion and function					
After dark standards					
AAR/ Debriefing					

Prescribed Burn Operations

Element	0	1	2	3	Remarks
Burn Plan complete and approved					
Permits, permissions, notifications					
Weather forecast documented					
Fire breaks, site preparations					
Minimum crew size					
Go-No Go Checklist completed					
Test Fire					
Ignitions					
Holding					
Contingencies- medical/ fire /smoke					
Mop-up					
Burn Objectives met					
Burn Boss documentation					
All burns monitored until out					