**TNC Technical Reviewer Checklist:**

State Site

Prescribed burn unit name:

Rate each element in the following table with an “S” for Satisfactory or “U” for Unsatisfactory. Use Comment field as needed to support the element rating.

|  **PRESCRIBED FIRE PLAN ELEMENTS** | **RATING** |  **COMMENTS** |
| --- | --- | --- |
| Signature page |  |   |
| Description of Prescribed Burn Area |  |  |
| Goals and Objectives |  |  |
| Prescription |  |  |
| Smoke Management |  |  |
| Personnel and Equipment |  |  |
| Pre-Burn Considerations |  |  |
| Communication  |  |  |
| Safety and Medical |  |  |
| Ignition Plan |  |  |
| Holding Plan |  |  |
| Contingency Plan |  |  |
| Monitoring (on-site weather, fire and smoke) |  |  |
| Post-Burn Activities |  |  |
| Attachment: Go/No Go Checklists |  |  |
| Attachment: Complexity Analysis |  |  |
| Attachment: TNC Documentation |  |  |
| Attachment: Maps- Burn Unit Map |  |  |
| Attachment: Maps- Vicinity Map |  |  |
| Attachment: Maps- Contingency Map |  |  |
| Attachment: Maps- Smoke Map |  |  |
| Attachment: Maps- other maps |  |  |
| Other |  |  |

[ ]  **Approval is recommended** subject to the completion of all requirements listed in the comments section, or on the Prescribed Fire Plan.

[ ]  **Recommendation for approval is not granted**. Prescribed fire plan should be re-submitted for technical review subject to the completion of all requirements listed in the comments section, or on the Prescribed Fire Plan.

Technical Reviewer Signature:

Date Signed:

Qualification and Currency: