#### NON-BROADCAST BURNING Go/ No Go Checklist

**Site Name: Burn Unit: Date:**

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| --- | --- | --- |
| Has the area experienced unusual drought conditions or does it contain above-normal fuel loadings which were not considered in the prescription development? If YES, go to question below.  If NO, continue with Section A. | **YES** | **NO** |
| If YES, have appropriate changes been made to plans for ignition, holding, mop-up and patrol? If YES, continue with Section A. If NO, **stop** and consult with Fire Manager. |  |  |

1. **PRIOR TO CREW BRIEFING**

Burn Permits obtained. Give permit # if applicable:

Required firebreaks complete.

Official and neighbor notifications are complete.

Weather forecast obtained, and favorable parameters will hold two hours past the expected duration of burn.

Required number of crew present with required protective clothing.

Required suppression equipment is on-site and functioning.

Planned ignition and containment methods are appropriate.

Planned contingencies and mop-up are appropriate.

List of emergency phone numbers in each vehicle.

Off-site communications available and functioning (cell phone, two-way radio)

TNC Ignition Authorization obtained  Within 24 hours, or  90-day Pre-approval

TNC Internal notifications complete, including the day-of-burn notification to the Fire Manager

1. **CREW BRIEFING**

Hazards discussed.

Actions in case of medical emergency discussed.

Purpose of burning and anticipated fire and smoke behavior.

Review of equipment and troubleshooting.

Review the organization of the crew and assignments.

Review methods of ignition, holding, mop-up, and communications.

Review contact with the public; traffic concerns.

Location of vehicles, keys, and nearest phone.

Location of backup equipment, supplies, and water.

Review all fire contingencies, including escape routes.

Review mop-up procedures.

Answer questions from the crew.

Ask crew members if they wish to decline participation (IRPG pg. 19-20).

1. **TEST FIRE**

Fuel conditions, including moisture, are suitable.

Test burn completed; fire and smoke behavior are suitable.

1. **BEFORE LEAVING THE BURN UNIT**

Mop-up completed as described in the plan.

Next morning inspection arranged.

Notifications of completed burn (if required).

1. **NOTE ANY MODIFICATIONS TO PLAN (Approved by Fire Manager)**

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**Leader’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**