

UNIT 8, HANDOUT 1

PREBURN BRIEFING CHECKLIST

BURN PERMIT NO. _____ UNIT NAME _____ DATE: _____

A. LOCATION: T _____ R _____ SECTION _____ ACRES: _____
LAT. _____ LONG. _____ OTHER _____

B. DESIRED FIRE BEHAVIOR: DESIRED PREDICTED OBSERVED
FLAME
LENGTH: _____
RATE OF
SPREAD: _____
1. FIRING
METHOD: _____
2. TYPE OF
FIRE: _____
3. FIRING
SEQUENCE: _____
4. MAPS AND
PHOTOS: _____

C. WEATHER: DESIRED PREDICTED OBSERVED
TEMPERATURE: _____
1 HR. FUEL
MOISTURE: _____
10 HR. FUEL
MOISTURE: _____
WIND SPEED
(20'): _____
WIND
DIRECTION: _____
WIND SPEED (IN
STAND): _____
WIND
DIRECTION: _____
BURNING
INDEX: _____
CDI: _____

D. CREW AND EQUIPMENT ORGANIZATION:
BURN BOSS: _____ IGNITION
SPECIALIST: _____
HOLDING BOSS: _____ FIRE BEHAVIOR/WEATHER
OBSERVER: _____

EQUIPMENT ASSIGNMENTS (SPECIFIC)
DOZER: _____
ENGINE: _____
OTHERS: _____

E. COMMUNICATIONS
DISPATCHER IDENTIFIED: _____
FREQUENCIES ASSIGNED: GROUND _____ AIR _____ OTHER _____

F. SMOKE MANAGEMENT: REQUIRED FORECASTED ACTUAL
TRANSPORT WIND SPEED: _____
TRANSPORT WIND DIRECTION: _____
MIXING HEIGHT: _____
ATMOSPHERIC STABILITY: _____
SMOKE TRAJECTORY PLOTTED: YES _____ NO _____ (INCLUDE MAP)
SMOKE SENSITIVE AREAS IDENTIFIED: YES _____ NO _____
WARNING SIGNS NEEDED: YES _____ NO _____ IF AYES@, LOCATIONS: _____

G. SAFETY:
ALL PPE IS ON THE FIRELINE PERSONNEL? _____ ALERT FOR SNAKES? _____
EVERYBODY HAS FIRE SHELTERS? _____ ALERT FOR SNAGS? _____
SAFETY ZONES IDENTIFIED? _____ AIRCRAFT SAFETY? _____
HELISPOTS KNOWN? _____ HELISPOTS POSTED? _____
ESCAPE ROUTES IDENTIFIED? _____ DRINKING WATER AVAILABLE? _____
EMERGENCY MEDICAL EVACUATION PLAN REVIEWED? _____
OTHER? _____

H. SPECIAL CONSIDERATIONS:
ENDANGERED PLANTS?: _____ LOCATIONS: _____

