

California Standardized Prescribed Fire Plan

Project Title: _____

Prescribed Fire Burn Boss _____

Author of Plan: _____

Agency Having Jurisdiction (AHJ): CAL FIRE NEU

Property Owner: _____

Date Created: _____ Date Re-Evaluated* (if applicable): _____

**Burn plans should be re-evaluated as needed to account for changes in fuel/site conditions or project objectives.*

1. Project Area Description

Location Description: _____

Latitude and longitude (in Degrees Decimal Minutes (DMM)):

Latitude: _____ Longitude: _____

Property Ownership (private, state, etc.): _____

Unit Size (acres): _____

Unit Description:

| | Within the Unit | Adjacent to Unit |
|------------------|-----------------|------------------|
| Fuel type/model | | |
| Slope | | |
| Aspect | | |
| Special features | | |

Prescribed fire goals and objectives (include overarching project goals as well as specific project objectives. Objectives should be S.M.A.R.T. (specific, measurable, attainable, relevant, time-bound):

2. Pre-burn Considerations

Plan for unit preparation (describe line type/construction, pre-treatment of fuels, pre-burn land management considerations (e.g., grazing deferment), etc.):

Water supply (describe quantity, location, and other considerations):

Unit access (describe roads, signage needs, etc.):

3. Prescription

| Element | Minimum (cool) | Desired | Maximum (hot) |
|-----------------------------|----------------|---------|---------------|
| Temperature (F) | | | |
| Relative Humidity (%) | | | |
| Mid-Flame Wind Speed (mph) | | | |
| Fine Dead Fuel Moisture (%) | | | |
| Probability of Ignition (%) | | | |
| Flamelength (ft) | | | |
| Rate of Spread (ch/hr) | | | |

**Include other prescription elements as appropriate*

Wind direction (acceptable range and optimal): _____

Seasonality of burn (if applicable; in many cases, implementation will be appropriate at any time that prescription parameters are met): _____ needed.

4. Smoke Management Plan

(to be prepared according to local air district rules; refer to SMP for detailed plan):

- Submitted through PFIRS
- Submitted in hard copy to air district (*on-line digital application of N. Sierra AQM*)
- Not required by air district based on project size/emissions

5. Ignition Plan

- Firing Boss to be designated

Test fire will be conducted in a location that is representative of the burn unit. Location to be determined by Burn Boss on the day of burn based on environmental conditions. Usually, this will be the uphill portion of the unit, in a more open area representative of the drier parts of the unit to reflect the higher end of potential fire behavior. The test fire will be used to determine if fire behavior is expected to be within an acceptable range for the prescription and objectives. If it is not, the test burn will be suppressed and the burn postponed.

Firing plan (describe sequence, patterns, techniques, and devices needed to meet objectives):

Holding plan

- Holding Specialist to be designated

| Anticipated Fire Behavior (head fire) | Flame length (FL) (feet) | Rate of spread (ROS) (chains/hour) |
|---------------------------------------|-----------------------------|---------------------------------------|
| <i>Within the unit</i> | | |
| <i>Adjacent to unit</i> | | |
| Production Rates | Chains/hour | |
| <i>Crews/resources</i> | | |

Resources (describe total number and type of resources needed to implement burn safely, based on production rates outlined above. Include description of plan for on-site weather observations and weather forecasting):

6. Post-Burn Activities

Mop-up and patrol plan (describe activities, timeframes, and standards):

Other post-burn activities (optional; include appendices for marked activities):

- Fire effects monitoring plan
- Project rehabilitation plan (including infrastructure, improvements, and land rehabilitation)
- Other (describe): _____

7. Notifications

Pre-Burn Notifications:

Adjacent Landowners

- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____
- Name: _____ Phone: _____

Air Quality Management District

- Name/Title: N Sierra Air Quality Mgt District Phone: 530-274-9360

Fire Agency Having Jurisdiction

- Name/Title: CAL FIRE GVECC Phone: 530-477-0641

Other notifications may be required based on parameters outlined in the smoke management plan (e.g., schools and other sensitive receptors). Record additional notifications on separate page and include in appendices.

Day-of-Burn Notifications:

CAL FIRE Emergency Command Center (ECC):

- Name/Title: _____ Phone: 530-477-0641

Air Quality Management District

Name/Title: N Sierra Air Quality Mgt District _ Phone: 530-274-9360

Other Fire Agency Having Jurisdiction (if applicable):

Name/Title: _____ Phone: _____

Other (if applicable; e.g., law enforcement, adjacent landowners, etc.):

Name/Agency: _____ Phone: _____

Name/Agency: _____ Phone: _____

Name/Agency: _____ Phone: _____

8. Wildfire Conversion Plan

Person designated to make declaration: GVECC

Designated Incident Commander in case of wildfire: _____

Person(s) to contact for declaration:

Name/Position: Amber Cone/landowner Phone/frequency: 530-575-0075

Name/Position: _____ Phone/frequency: _____

Name/Position: _____ Phone/frequency: _____

Size-up/reporting considerations:

- Rate of spread
- Fuel type
- Structure threat
- Potential acreage
- Current actions being taken

9. Risk Management Activities

Check boxes for risk management activities/plans attached to the prescribed fire plan:

Contingency plan (required) Call 911

Medical plan

Communications plan

Management Action Points (M.A.P.)

Briefing checklist

Safety plan (e.g., safety review, onsite assessment, 215A, etc.)

Other (describe): _____

10. Other Attachments

Check boxes for other pertinent attachments included with the prescribed fire plan:

Project and area maps (required)

Go-no-go checklist (recommended)

Other (describe): _____

Attachment II – Go-Nogo list

ELEMENT 2B - PRESCRIBED FIRE GO-NO-GO CHECKLIST

| Preliminary Questions | Circle YES or NO |
|--|------------------|
| <p>A. Have conditions in or adjacent to the ignition unit changed, (for example: drought conditions or fuel loadings), which were not considered in the prescription development?</p> <p>If NO proceed with the Go/NO-GO Checklist below, if YES go to item B.</p> | YES NO |
| <p>B. Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary?</p> <p>If YES, proceed with checklist below. If NO, STOP: Implementation is not allowed. An amendment is needed.</p> | YES NO |
| GO/NO-GO Checklist | Circle YES or NO |
| Have ALL permits and clearances been obtained? | YES NO |
| Have ALL the required notifications been made? | YES NO |
| Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked? | YES NO |
| Have ALL required current and projected fire weather forecast been obtained and are they favorable? | YES NO |
| Are ALL prescription parameters met? | YES NO |
| Are ALL smoke management specifications met? | YES NO |

| | |
|--|--------|
| Are ALL planned operations personnel and equipment on-site, available and operational? | YES NO |
| Has the availability of contingency resources applicable to today's implementation been checked and are they available? | YES NO |
| Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones? | YES NO |
| If all the questions were answered "YES" proceed with a test fire. Document the current conditions, location and results. If any questions were answered "NO", DO NOT proceed with the test fire: Implementation is not allowed. | |
| After evaluating the test fire, in your judgment can the prescribed fire be carried out according to the prescribed fire plan and will it meet the planned objective? Circle: YES or NO | |

Attachments III. Medical Plan

Property Address: _____

Burn Unit Location: __

Location to meet Medical Personnel: _____

Sheriff's Office Phone Number: __530-265-1471_____

Closest Medical Facility Name: _Sierra Nevada Memorial Hospital _____

Closest Medical Facility Address: __155 Glasson Way, Grass Valley, CA 95945_____

Closest Medical Facility Phone Number: _____530-274-6000_____

Ambulance Response Time to Property: _____30 min_____

Closest Helispot Location: _____

Medical Equipment on Scene: _____First Aid Kit_____

Names of Medically Experienced Personnel on Scene: _____TBD Day of burn_____

MEDICAL INCIDENT REPORT

BE ALERT, KEEP CALM, THINK CLEARLY, ACT DECISIVELY

1. Activate Medical Plan

- Someone who is not doing patient care is in charge

2. Contact 911

- Location (send someone to meet responding medical personnel)
- Severity of injury
 - Life Threatening (unconscious, severe bleeding, trouble breathing)
 - Serious Injury (can't walk)
 - Minor injury (sprain, strain)

3. Nature or Mechanism of Injury

- Struck by falling tree, burns, chainsaw cut

4. Transport Request

- Air Ambulance or Ground Transport?
- Confirm ETA of Medical Personnel

5. Contingency Plan

Remember, you still have live fire on the ground!

BE ALERT, KEEP CALM, THINK CLEARLY, ACT DECISIVELY

- Current size (acreage)
- Rate of spread
 - low, moderate, high
- Fuel type
- Structures threaten?
- Potential growth
 - low, moderate, high
- Current actions being taken
 - what flank, how many personnel, what equipment

Attachment IV. Contingency Plan

1. Injury Requiring Medical Attention

Injury will be evaluated by nearest person and notify the burn boss immediately. For injuries requiring immediate medical attention, the closest first responder or most appropriate EMT will render immediate care and supervise treatment. If the injury warrants it, 911 will be called. The burn boss will designate the most qualified person to manage any further medical response. A basic medical emergency plan is attached including key, pertinent information such as location

of nearest hospital. Wherever possible, a certified first responder will be present at burns > 1 acre.

2. Excessive Smoke Production

Smoke production and direction will be constantly monitored to limit negative public health effects and nuisance. Actions that will be considered and applied if excessive smoke production occurs include the following.

- Delay ignition until fuels burn down.
- Smaller areas of burn could be ignited and allowed to burn down before igniting additional areas.
- Large woody piles can be pulled apart if safe to do so.
- As a last resort, suppression can be initiated.

3. Fire Behavior Exceeds Prescription

Fire behavior will be constantly monitored to ensure that it is within the prescription. Firing and holding techniques may be modified to increase or decrease fire behavior. If possible, ignition can be delayed until fire behavior returns to desired conditions. As a last resort, ignition may need to stop, and mop-up and patrol should begin.

4. Fire Escape

If fire escapes the burn unit and cannot be contained by onsite resources, then 911 and the Grass Valley ECC will be contacted immediately.