

A publication of the
**National Wildfire
Coordinating Group**



NWCG Prescribed Fire Plan Template

PMS 484-1

MARCH 2018

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The *NWCG Prescribed Fire Plan Template* is supplemental to the *Interagency Prescribed Fire Planning and Implementation Guide*, PMS 484. The plan is the site-specific legal implementation document that provides the agency administrator the information needed to approve the prescribed fire plan and the prescribed fire burn boss the information needed to implement the prescribed fire plan.

The *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, establishes national interagency standards for the planning and implementation of prescribed fire. The guide is available at: <https://www.nwcg.gov/publications/484>.

The National Wildfire Coordinating Group (NWCG) provides national leadership to enable interoperable wildland fire operations among federal, state, tribal, territorial, and local partners. NWCG operations standards are interagency by design; they are developed with the intent of universal adoption by the member agencies. However, the decision to adopt and utilize them is made independently by the individual member agencies and communicated through their respective directives systems.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 1: Signature Page

PRESCRIBED FIRE PLAN

ADMINISTRATIVE UNIT NAME(S): _____

PRESCRIBED FIRE NAME:

Prescribed Fire Unit (Ignition Unit): _____

PREPARED BY:

Name (print): _____ Qualification/Currency: _____

Signature: _____ Date: _____

TECHNICAL REVIEW BY:

Name (print): _____ Qualification/Currency: _____

Signature: _____ Date: _____

COMPLEXITY RATING: _____

MINIMUM BURN BOSS QUALIFICATION: _____

APPROVED BY:

Name – Agency Administrator (print): _____

Signature – Agency Administrator: _____ Date: _____

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 2A: Agency Administrator Ignition Authorization

Instructions: The Agency Administrator Ignition Authorization must be completed before a prescribed fire can be implemented. If ignition of the prescribed fire is not initiated prior to expiration date determined by the agency administrator, a new authorization will be required.

Prior to signature the agency administrator should discuss the following key items with the fire management officer (FMO) or burn boss. Attach any additional instructions or discussion documentation (optional) to this document.

Key Discussion Items

A. Has anything changed since the Prescribed Fire Plan was approved or revalidated? <i>Such as drought or other climate indicators of increased risk, insect activity, new subdivisions/structures, smoke requirements, Complexity Analysis Rating.</i>
B. Have compliance requirements and pre-burn considerations been completed? <i>Such as preparation work, NEPA mitigation requirements, cultural, threatened and endangered species, smoke permits, state burn permits/authorizations.</i>
C. Can all of the elements and conditions specified in Prescribed Fire Plan be met? <i>Such as weather, scheduling, smoke management conditions, suitable prescription window, correct season, staffing and organization, safety considerations, etc.</i>
D. Are processes in place to ensure all internal and external notifications and media releases will be completed?
E. Have key agency staffs been fully briefed about the implementation of this prescribed fire?
F. Are there circumstances that could affect the successful implementation of the plan? <i>Such as preparedness level restrictions, resource availability, other prescribed fire or wildfire activity</i>
G. Have you communicated your expectations to the Burn Boss and FMO regarding if and when you are to be notified that contingency actions are being taken?
H. Have you communicated your expectations to the Burn Boss and FMO regarding decisions to declare the prescribed fire a wildfire?

Implementation Recommended by:

FMO or Prescribed Fire Burn Boss Signature: _____ Date: _____

I am authorizing ignition of this prescribed fire between the dates of _____ and _____. It is my expectation that the project will be implemented within this time frame and as discussed and documented and attached to this plan. If the conditions we discussed change during this time frame, it is my expectation you will brief me on the circumstances and an updated authorization will be negotiated if necessary.

Additional Instructions or Discussion Documentation attached (Optional): Yes No

Ignition Authorized by:

Agency Administrator Signature and Title: _____ Date: _____

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 2B: Prescribed Fire Go/No-Go Checklist

Preliminary Questions	Circle YES or NO
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? If NO proceed with the Go/NO-GO Checklist below, if YES go to item B.	YES NO
B. Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary? If YES , proceed with checklist below. If NO , STOP: Implementation is not allowed. An amendment is needed.	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**

Burn Boss Signature: _____ Date: _____

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 3: Complexity Analysis Summary and Final Complexity

Replace this page with the signed:
Summary and Final Complexity Worksheet
PMS 424-1

The worksheet is a separate file that needs to be copied and pasted from *Summary and Final Complexity Worksheet*, PMS 424-1. On the completed worksheet; highlight the entire worksheet area to be copied, right click, click on 'copy'. On this page, delete this text, right click, choose 'picture' as a paste option, and resize as necessary to fit to page.

An alternate solution is to print the *Summary and Final Complexity Worksheet*, 424-1, and insert into the final plan.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Fill out Elements 4 through 21 based on the guidance provided in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484.

Element 4: Description of Prescribed Fire Area

A. Physical Description

1. Location:
2. Size:
3. Topography:
4. Project area:
5. Ignition units:

B. Vegetation/Fuels Description:

1. On-site fuels data:
2. Adjacent fuels data:
3. Percent of vegetative type and fuels model(s):

C. Description of Unique Features, Natural Resources, Values:

D. Maps--Attach in Appendix A

1. Vicinity (Required)
2. Project/Ignition Unit(s) (Required)
3. Values (Optional): Included Not Included
4. Significant or Sensitive Features (Optional): Included Not Included
5. Fuels or Fuel Model(s)(Optional): Included Not Included
6. Smoke Impact Area (Optional): Included Not Included

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 5: Objectives

A. Resource Objectives:

B. Prescribed Fire Objectives:

Element 6: Funding

A. Cost:

B. Funding Source:

Element 7: Prescription

A. Prescription Narrative:

1. Describe how fire behavior will meet objectives

B. Prescription Parameters:

1. Environmental or fire behavior (or both)
2. Fire Modeling or empirical documentation (or both)

Element 8: Scheduling

A. Implementation Schedule:

1. Ignition Time Frames or Season(s) (or both)

B. Projected Duration:

C. Constraints:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 9: Pre-burn Considerations and Weather

A. Considerations:

1. On-site

2. Off-site

B. Method and Frequency for Obtaining Weather and Smoke Management Forecast(s):

C. Notifications:

Element 10: Briefing

A. Briefing Checklist; including, but not limited to: (additional items may be added)

- Burn organization and assignments
- Prescribed Fire objectives and prescription
- Description of prescribed fire project area
- Expected weather and fire behavior
- Communications
- Ignition plan
- Holding plan
- Contingency plan and assignments
- Wildfire declaration
- Safety and medical plan
- Aerial ignition briefing (if aerial ignition devices will be used)

Element 11: Organization and Equipment

A. Positions:

B. Equipment:

C. Supplies:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 12: Communication

A. Radio Frequencies:

1. Command frequency(ies):
2. Tactical frequency(ies):
3. Air operations frequency(ies):

B. Telephone Numbers:

Element 13: Public and Personnel Safety, Medical

A. Safety Hazards:

B. Mitigation: Measures Taken to Reduce the Hazards:

C. Emergency Medical Procedures:

D. Emergency Evacuation Methods:

E. Emergency Facilities:

Element 14: Test Fire

A. Planned Location:

B. Test Fire Documentation:

1. Weather conditions on-site
2. Test fire results

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 15: Ignition Plan

A. Firing Methods:

1. Techniques, sequences and patterns

B. Devices:

C. Minimum Ignition Staffing:

Element 16: Holding Plan

A. General Procedures for Holding:

B. Critical Holding Points and Actions:

C. Minimum Organization or Capabilities Needed:

Element 17: Contingency Plan

Management Action Points or Limits:

(Optional MAP Table Format)

Management Action Point– Documentation Element	Management Action Point Narrative
Designator and Description:	
Condition:	
Management Intent:	
Recommended Action(s) to Consider:	
Recommended Resources:	
Time Frame:	
Describe the consequences of not taking the recommended action(s) (Optional):	
Responsibility:	
Date Each Action is Initiated (Optional):	

(if you need to include more MAPs, copy and paste the above template)

B. Actions Needed:

C. Minimum Contingency Resources and Maximum Response Time(s):

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 18: Wildfire Declaration

A. Wildfire Declared By:

B. IC Assignment:

C. Notifications:

D. Extended Attack Actions and Opportunities to Aid in Fire Suppression (Optional):

Element 19: Smoke Management and Air Quality

A. Compliance:

B. Permits to be Obtained:

C. Smoke-Sensitive Receptors:

D. Potential Impacted Areas:

E. Mitigation Strategies and Techniques to Reduce Smoke Impacts:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Element 20: Monitoring

A. Fuels Information Required and Procedures:

B. Weather Monitoring (Forecasted and Observed) Required and Procedures:

C. Fire Behavior Monitoring Required and Procedures:

D. Monitoring Required to Ensure that Prescribed Fire Plan Objectives are Met:

E. Smoke Dispersal Monitoring Required and Procedures:

Element 21: Post-burn Activities

A. Post-Burn Activities that must be Completed:

Prescribed Fire Name: _____

Ignition Unit Name: _____

Prescribed Fire Plan Appendices

Appendix A: Maps: Vicinity, Project or Ignition Units (or both), Optional: Significant or Sensitive Features, Fuels or Fuel Model, Smoke Impact Areas

Appendix B: Technical Reviewer Checklist

Appendix C: Complexity Analysis

Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment

Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Appendix F: Smoke Management Plan and Smoke Modeling Documentation (Optional)

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Vicinity Map

Insert your vicinity maps here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Project (Ignition Units) Maps

Insert your project (ignition unit) map(s) here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Optional Maps (Fuels, Significant or Sensitive Features/Values, Smoke Receptors, etc.)

Insert your significant or sensitive values and or feature map(s) here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Fuels or Fuel Model: (Optional) Maps

Insert your fuel or fuel model map(s) here. Refer to Element 4D in *the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix A: Smoke Impact Areas: (Optional) Maps

Insert your significant or sensitive feature map(s) here. Refer to Element 4D in *the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix B: Technical Reviewer Checklist

Fill out this checklist based on the guidance provided in the Technical Review section in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484. 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
1. Signature Page		
2. A. Agency Administrator Ignition Authorization		
2. B. Prescribed Fire GO/NO-GO Checklist		
3. Complexity Analysis Summary		
4. Description of Prescribed Fire Area		
5. Objectives		
6. Funding		
7. Prescription: Prescription Narrative and Prescription Parameters		
8. Scheduling		
9. Pre-Burn Considerations and Weather		
10. Briefing		
11. Organization and Equipment		
12. Communication		
13. Public and Personnel Safety, Medical		
14. Test Fire		
15. Ignition Plan		
16. Holding Plan		
17. Contingency Plan		
18. Wildfire Declaration		
19. Smoke Management and Air Quality		
20. Monitoring		
21. Post-Burn Activities		
Appendix A: Maps		
Appendix C: Complexity Analysis		
Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment		
Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation		
Appendix F: Smoke Management Plan and Smoke Modeling Documentation (Optional)		
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: _____

Qualification and Currency: _____

Date Signed: _____

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix C: Complexity Analysis

Please refer to Element 3: Complexity Analysis Summary in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, and the procedures in the *Prescribed Fire Complexity Analysis Rating System Guide*, PMS 424, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment

Please refer to your specific agency guidance to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Refer to Element 7: Prescription, in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name: _____

Ignition Unit Name: _____

Appendix F: Smoke Management Plan and Smoke Modeling Documentation

(OPTIONAL)

Refer to the *NWCG Smoke Management Guide for Prescribed Fire*, PMS 420-2, and Appendix A. Basic Smoke Management Practices in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

The *NWCG Prescribed Fire Plan Template* is developed and maintained by the Fire Use Subcommittee (FUS), under the direction of the Fuels Management Committee (FMC), an entity of the National Wildfire Coordinating Group (NWCG).

Previous editions: 2014.

While they may still contain current or useful information, previous editions are obsolete. The user of this information is responsible for confirming that they have the most up-to-date version. NWCG is the sole source for the publication.

This publication is available electronically at: <https://www.nwcg.gov/publications/484-1>.

Comments or questions regarding the plan should be directed to the appropriate agency representative on the FUS. The roster is available at: <https://www.nwcg.gov/committees/fire-use-subcommittee/roster>.

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