

ATTACHMENT C
PRE-BURN CHECKLIST, CREW BRIEFING and GO/NO-GO DECISION

Unit Area: _____ Fire Site: _____ Date: _____

A. PRIOR TO CREW BRIEFING

- Fire Site is as described in plan.
- Required firebreaks complete.
- Permits obtained if required.
- Communications Center/fire officials notified.
- Neighbor notifications, as needed.
- Required equipment is on-site and functioning.
- Radio frequencies to be used are identified.
- Planned ignition and containment methods are appropriate.
- List of emergency phone numbers are available.
- Planned contingencies and mop-up are appropriate.

Number of people participating in burn: _____

List Names & Agency

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

B. CREW BRIEFING

- Fire Site size and boundaries discussed.
- Fire Site hazards discussed.
- Anticipated fire and smoke behavior.
- Review of equipment and troubleshooting.
- Review organization of crew and assignments.
- Review methods of ignition, holding, mop-up, communications.
- Radio frequency check.
- Review public traffic concerns.
- Location of vehicles, keys and nearest phone or police band radio.
- Location of back-up equipment, supplies and water.
- Plan and review all contingencies including safety hazards, escape routes, safety zones.
- Answer questions from crew.
- Give crew members the opportunity to decline participation.
- Location of first aid kit.

C. PRIOR TO IGNITION GO/NO GO DECISION

- Weather and fuel conditions are within prescriptions.
- Weather forecast, obtained prior to ignition indicating suitable burning conditions.
- Necessary fire lines/breaks are constructed and checked.
- Crew members have required protective clothing.
- Crew members have matches.
- Conduct test burn.
- In your opinion, can the burn be carried out according to the plan and will it meet the planned resource management objectives?** Yes No

D. BEFORE LEAVING BURN UNIT

- Mop-up completed as described in prescription.
- Post burn inspection arranged.
- Notifications of completed burn (if required).

E. NOTE ANY MODIFICATIONS TO PRESCRIPTION

Burn Leader: _____ Date _____