

GO/NO-GO CHECKLIST PRESCRIBED FIRE

Burn Name and Burn Date: _____

All questions must be answered “**YES**” to proceed.
If any questions are answered “**NO**”, DO NOT proceed.

Preliminary Questions	Check
Are ALL site conditions in or adjacent to the burn unit the SAME as outlined in the prescribed burn plan? If NO , STOP	YES
Has the prescribed burn plan been fully reviewed and approved? If NO , STOP	YES
GO/NO-GO Checklist	Check
Have ALL permits and clearances been obtained?	YES
Have ALL the required notifications been made?	YES
Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	YES
Have ALL required current and projected fire weather forecast been obtained and are they favorable?	YES
Are ALL prescription parameters met?	YES
Are ALL smoke management specifications met?	YES
Are ALL planned operations personnel and equipment on-site, available and operational?	YES
Has the availability of contingency resources applicable to today’s implementation been checked and are they available?	YES
Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	YES
<p>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.</p>	
After evaluating the test fire, can the prescribed fire be carried out safely and will the planned objective(s) be met?	YES

Burn Boss Signature: _____ Date: _____