

PRESCRIBED BURNING PLAN

| Information | | | |
|---|-----------------|------------------|--------------------------|
| Landowner/Lessee Information | | | |
| Name: | | Phone: | |
| Address: | | County: | |
| City: | State: | Zip: | |
| Description of Area to be Burned | | | |
| Pasture Name/Number: | | | |
| Vegetation Present: | | | Acres: |
| Legal Description: | Section: | Township: | Range: |
| Directions from nearest town: | | | |
| | | | |
| Range of Projected Burn Dates: | | | Actual Burn Date: |
| Objectives to be Accomplished | | | |
| | | | |

| Notification | | |
|--|---------------------|---------------------------------------|
| When burning within Forest Protection Areas, Contact Oklahoma Dept. of Ag. Forestry Services: | Location | Phone Number |
| | | |
| Fire Departments | Phone Number | Date, Time and Person Notified |
| | | |
| | | |
| Adjoining Landowners | Phone Number | Date, Time and Person Notified |
| | | |
| | | |
| | | |
| | | |
| Others, as Needed (Sheriff, OHP, DEQ, Utility Companies, Oil and Gas Leases) | Phone Number | Date, Time and Person Notified |
| | | |
| | | |
| | | |

Pre-Burn Preparations

– Describe management needed prior to burn in order to successfully accomplish burn and meet objectives.
(Grazing management, fireguard preparation, burning of bush piles; etc.)

Firebreak Types and Location Around Burn Unit

Fuel Conditions

| | Desired | | | Actual (day of burn) | | |
|------------------|---------|----------|-------|----------------------|----------|-------|
| Fine Fuel Amount | Light | Moderate | Heavy | Light | Moderate | Heavy |
| Fuel Continuity | Good | Fair | Poor | Good | Fair | Poor |

Prescribed Weather Conditions

| Prescription | Desired Range | Maximum Range |
|-----------------------|---------------|---------------|
| Temperature (F) | | |
| Relative Humidity (%) | | |
| Wind Direction | | |
| Wind Speed (mph) | | |

Smoke Management Considerations

| Sensitive Areas Identified | Direction from Burn Area | Distance to Area |
|----------------------------|--------------------------|------------------|
| | | |
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| | | |

Other Smoke Management Considerations

| Category Day | Preferred Category Day | Actual Category Day (day of burn) |
|-----------------------|---------------------------------|--|
| Dispersion Conditions | Preferred Dispersion Conditions | Actual Dispersion Conditions (day of burn) |

Attach Smoke Screening Map or Smoke Dispersion Forecast to plan as needed

Pre-Burn Checklist

| | Present in burn unit | If Present Action Needed / Recommended | Accomplished |
|--|----------------------|--|--------------|
| Brush Piles | | | |
| Pens/Barns | | | |
| Oil/Gas/Pipelines/ Utility Structures | | | |
| Fences | | | |
| Homes/Cabins | | | |
| Windmills/Watering Facilities | | | |
| Feeding Facilities/Hay Storage | | | |
| Equipment/Vehicles | | | |
| Wildlife Habitat Areas | | | |
| | | | |
| | | | |
| | | | |

Observed Weather

For Pre & Post-Burn Weather Monitor Available Weather Sources

Burn Site Observed Weather Conditions

| | | | | |
|-------------------|--|--|--|--|
| Observation Time | | | | |
| Temperature | | | | |
| Relative Humidity | | | | |
| Wind Direction | | | | |
| Wind Speed | | | | |

ATTACH COPY OF OK-FIRE PRESCRIPTION PLANNER AND OR WEATHER FORECAST

The prescribed burn described below is to be conducted according to the information provided here and the Oklahoma forestry code (title 2, sections 16-28 and 16-28.2 of the state statutes). File the original copy of the notification plan with the local rural fire department, and keep a copy for your records. Inside the designated forest protection area in eastern Oklahoma (refer to list of forestry offices), also provide a copy to the forestry division representative.

Prescribed Burning Notification Plan

| | |
|------------------------|------------|
| Name: | Telephone: |
| Address: | County: |
| City, State, Zip Code: | |
| Ranch Name (if any): | |

| |
|--|
| Description of area to be burned: |
| Approximate acres to be burned: |
| Written description of location: |
| Projected time frame: |
| Date of previous burn: |
| Objectives to be accomplished through the prescribed burn: |

| | | |
|---|----------|-----------|
| Contact information: | | |
| Rural Fire Department Name | Location | Phone No. |
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