

PBAT Prescribed Burn Plan

South Central Texas PBA

Prepared By: _____		Plan # _____	
Signature: _____		Date Plan Submitted: _____	
TDA License No. (if CPBM) _____			
Date Plan Filed: _____		Expiration Date: _____	
County 1: _____		Ranch Name: _____	Pasture Name: _____
County 2: _____			
Ranch Address: _____		City: _____	
Acres to be Burned: _____		GPS Coordinates: N Lat: _____	W Long: _____
Burn Days Planned: _____		Burn Days Actual: _____	
Burn Boss: _____		E-mail Address: _____	
Landowner: _____		Address: _____	
City: _____		State: _____	Zip: _____
Phone: _____		Work: _____	Cell: _____
E-mail: _____		Fax: _____	
Alternate Contact: _____		Phone: _____	
Record of Previous Burning: _____		Date: _____	
PREVIOUS BURN RESULTS:			
BURN JUSTIFICATION (goals, objectives, rationale, & purpose):			

Description of Area
Live Fuel (Type, Density, and Size)
Dead Fuels (Description, Moisture, and Time-Lag)
Topography and Elevation
Preburn Factors
Fireguards: specify width, attach map Plow _____ Blade _____ Shred _____ Rake _____ Wet line _____ Black line _____ Other _____
Crew size, (minimum number required)
Protection Needs (buildings, power lines, hunting blinds, feeders, etc., see map)
Ignition Procedures (see map)
Smoke Sensitive Areas (see map)
Special Precautions (see map)

Prescriptive Burning Conditions			
Desired Prescription Black lines			
Date of burn (black lines)	_____ to _____	Actual	_____ to _____
Time of burn (black lines)	_____ to _____	Actual	_____ to _____
Temperature (F)	_____ to _____	Actual	_____ to _____
Rel Humidity (%)	_____ to _____	Actual	_____ to _____
Wind Direction	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 20 ft elevation	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 33 ft (10 m) elev	_____ to _____	Actual	_____ to _____
Fuel Load (lbs/ac)	_____ to _____	Actual	_____ to _____
Dead Fuel Moisture, %	_____ to _____		_____ to _____
(1-hr)	_____ to _____	Actual	_____ to _____
(10-hr)	_____ to _____	Actual	_____ to _____
(100-Hr)	_____ to _____	Actual	_____ to _____
Live Fuel Moisture, %	_____ to _____	Actual	_____ to _____
Desired Prescription Range (head fire)			
Date of burn (head fire)	_____ to _____	Actual	_____ to _____
Time of burn (head fire)	_____ to _____	Actual	_____ to _____
Temperature (F)	_____ to _____	Actual	_____ to _____
Relative Humidity	_____ to _____	Actual	_____ to _____
Wind Direction	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 20 ft elevation	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 33 ft (10 m) elev	_____ to _____	Actual	_____ to _____
Fuel Load (lbs/ac)	_____ to _____	Actual	_____ to _____
Dead Fuel Moisture, %	_____ to _____		_____ to _____
(1-hr)	_____ to _____	Actual	_____ to _____
(10-hr)	_____ to _____	Actual	_____ to _____
(100-Hr)	_____ to _____	Actual	_____ to _____
Live Fuel Moisture, %	_____ to _____	Actual	_____ to _____

Category Day (CD)	For Smoke Management	
CD	Ventilation Rate	Guideline
I	< 14,500	No Burn
II	14,500 - 29,000	No Burn until inversion has lifted
III	29,000 - 58,000	Daytime Only
IV	58,000 - 117,000	Anytime
V	> 117,000	Excellent Smoke Dispersion

Formula	Mixing Height X Transport Speed = Ventilation Rate		
	Desired Minimum Conditions	F'cast Min Cond for Burn	Notes/Comments
Mixing Height	_____ ft.	_____ ft.	
Transport Wind Speed	_____ mph	_____ mph	
Direction	_____	_____	
Ventilation Rate	_____	_____	
Category Day (calculated)	_____	_____	
Category Day (by NWS)	_____	_____	

Landowner or Lease Holder

Signature: _____

Printed Name: _____ Date: _____

A COPY OF THIS BURN PLAN SHOULD BE KEPT FOR A MINIMUM OF FIVE YEARS.