

# 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: _____	
<b>PREVIOUS BURN RESULTS:</b>			
<b>BURN JUSTIFICATION (goals, objectives, rationale, &amp; purpose):</b>			

<b>NOTIFICATIONS BEFORE BURN</b> Please check box when completed.					
Contacts	Phone Number	Talked to	Date	Notes	
Fire Dept.					
Sheriff Dept.					
TCEQ					
TFS					
County Govt					
Utilities	Phone Number	Talked to	Date	Notes	
Electric					
Gas/Oil					
Telephone					
<b>NOTIFICATIONS AFTER BURN</b> Please check box when completed					
Contacts	Phone Number	Talked to	Date	Time	Notes
Fire Dept.					
Sheriff Dept.					
TCEQ					
TFS					
County Govt					
<b>NOTIFICATION BEFORE BURN</b> Please check box when completed					
Neighbors	Phone Number	Talked to	Date	Notes	

<b>Description of Area</b>
Live Fuel (Type, Density, and Size)
Dead Fuels (Description, Moisture, and Time-Lag)
Topography and Elevation
<b>Preburn Factors</b>
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)

<b>Tanks and Sprayers Required</b>		Does not include backpack sprayers					
<b>In left (red) box check minimum required. In right (green) box check if actually available on site.</b>							
	Min Capacity, gal	Act Cap, gal	Mounted/Drag	Support Vehicle	GPM	Gas/Electric	Notes/comments.
<b>Other Equipment Needs</b>							
<b>In left (red) box check if required. In right (green) box check if available on site day of burn.</b>							
Drafting Water source/where							
Water Hydrant/where							
		<b>Min No. Reqd.</b>	<b>Act No. Avail.</b>			<b>Min No. Reqd.</b>	<b>Act No. Avail.</b>
	Drinking Water / gallons				Chain Saw		
	Backpack Sprayers				Leaf Blower		
	Blade, Dozer, Tractor & Plow				Two Cycle Fuel		
	Drip Torch / how many				Binoculars		
	Lighting Fuel / gallons				GPS		
	Sprayer Fuel				Drafting pump		
	Matches or Lighter				Drafting hose, ft		
	Fire Weather Kit						
	Flappers						
	Pliers & Bolt Cutters						
	Rakes						
	Shovels						
	Road Signs						
	Flags						
	Cell Phones						
	Two-Way Radios						

<b>Preburn Protection Needs</b>	
Check <b>box</b> if attention is needed	Comments
<input type="checkbox"/>	Remnant Livestock
<input type="checkbox"/>	Inspection of Fireguards
<input type="checkbox"/>	Pens and Barns
<input type="checkbox"/>	Headquarters
<input type="checkbox"/>	Haystacks
<input type="checkbox"/>	Windmills
<input type="checkbox"/>	Wells
<input type="checkbox"/>	Equipment
<input type="checkbox"/>	Water Storage Facilities
<input type="checkbox"/>	Fences
<input type="checkbox"/>	Hunting Facilities
<input type="checkbox"/>	Feeders
<input type="checkbox"/>	Utility Poles
<input type="checkbox"/>	Oil & Gas Pipelines
<input type="checkbox"/>	Desirable Wooded Areas
<input type="checkbox"/>	Special Habitat Areas
<input type="checkbox"/>	Critically Eroding Areas
<input type="checkbox"/>	Vehicles
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Liability Insurance company: Policy # Agent Phone#	

<b>Prescriptive Burning Conditions</b>			
<b>Desired Prescription Black lines</b>			
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 _____
<a href="#">Wind Speed, mph at 20 ft elevation</a>	_____ to _____	Actual	_____ to _____
<a href="#">Wind Speed, mph at 33 ft (10 m) elev</a>	_____ to _____	Actual	_____ to _____
Fuel Load (lbs/ac)	_____ to _____	Actual	_____ to _____
<a href="#">Dead Fuel Moisture, %</a>	_____ to _____		
(1-hr)	_____ to _____	Actual	_____ to _____
(10-hr)	_____ to _____	Actual	_____ to _____
(100-Hr)	_____ to _____	Actual	_____ to _____
<a href="#">Live Fuel Moisture, %</a>	_____ to _____	Actual	_____ to _____
<b>Desired Prescription Range (head fire)</b>			
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 _____
<a href="#">Wind Speed, mph at 20 ft elevation</a>	_____ to _____	Actual	_____ to _____
<a href="#">Wind Speed, mph at 33 ft (10 m) elev</a>	_____ to _____	Actual	_____ to _____
Fuel Load (lbs/ac)	_____ to _____	Actual	_____ to _____
<a href="#">Dead Fuel Moisture, %</a>	_____ to _____		
(1-hr)	_____ to _____	Actual	_____ to _____
(10-hr)	_____ to _____	Actual	_____ to _____
(100-Hr)	_____ to _____	Actual	_____ to _____
<a href="#">Live Fuel Moisture, %</a>	_____ to _____	Actual	_____ to _____

<b>Category Day (CD)</b>	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

<b>Formula</b>	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)	_____	_____	



<b>Map of Area</b>
Include as an attachment.
<b>Ignition Sequence</b>
Include as an attachment.
<b>Smoke Model Predictions</b> <a href="#">Simple Smoke Screening Link</a> <a href="#">VSmoke Link</a>
Include as an attachment.
<b>Contingency Plans - Description and Map</b>
Include map as an attachment.



<b>Crew Members and Responsibilities</b>			
Name	Phone Number	Responsibility	Reviewed by Crew Member

**Mop Up After Burning**

- 1) Maintain close observation of the burned area until fire is completely extinguished. Check the perimeter for firebrand sources such as trees, posts, cow chips, logs, burning hollow trees, etc.
- 2) Continue to monitor weather until fire is extinguished.
- 3) Take immediate positive action to insure safety of the fire should a dangerous change of the weather be forecast.

Above Responsibilities	Crew Member(s) Name	Completion		Comments
		Date	Time	
1				
2				
3				