A publication of the National Wildfire Coordinating Group



NWCG Prescribed Fire Plan Template

PMS 484-1 December 2021

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The NWCG Prescribed Fire Plan Template is supplemental to the Interagency Prescribed Fire Planning and Implementation Guide, PMS 484. The plan is the site-specific legal implementation document that provides the agency administrator the information needed to approve the prescribed fire plan and the prescribed fire burn boss the information needed to implement the prescribed fire plan.

The Interagency Prescribed Fire Planning and Implementation Procedures Guide, PMS 484, https://www.nwcg.gov/publications/484, establishes national interagency standards for the planning and implementation of prescribed fire.

Digital Signature Instructions: This template contains several required signature fields. These can be signed in multiple ways; please follow agency and local unit policies and procedures. If you encounter technical issues, please consult with your information technology (IT) resources, as agency systems and programs often vary.

- Electronic Signature: Digital IDs are used to apply electronic signatures in PDFs in multiple ways:
 - o Click on the Signature Field in the PDF and choose your Digital ID from the pop-up window. If you do not already have a Digital ID, you can set one up from there.
 - If there is no signature field, click the Sign icon and use the Fill & Sign tool to select Sign Yourself. Choose your digital ID or set one up.
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- Print and Scan: As an alternative, signees may print and sign the document by hand. This may require scanning the signed documents to return them to the originator in an electronic format.

The National Wildfire Coordinating Group (NWCG) provides national leadership to enable interoperable wildland fire operations among federal, state, tribal, territorial, and local partners. NWCG operations standards are interagency by design; they are developed with the intent of universal adoption by the member agencies. However, the decision to adopt and utilize them is made independently by the individual member agencies and communicated through their respective directives systems.

Prescribed Fire Name:		
Ignition Unit Name:		
Element 1: Signature Page		
PR	ESCRIBED FIRE PLAN	
ADMINISTRATIVE UNIT NAME(S	S):	
PRESCRIBED FIRE NAME: Prescribed Fire Unit (Ignition Unit):		
PREPARED BY: Name (print):	Qualification/Currency:_	
Signature:		_ Date:
TECHNICAL REVIEW BY: Name (print):	Qualification/Currency:_	
Signature:		Date:
COMPLEXITY RATING:		
MINIMUM BURN BOSS QUALIFIC	CATION:	
APPROVED BY: Name – Agency Administrator (print):		

Pre	scribed Fire Name:
Ign	ition Unit Name:
El	ement 2A: Agency Administrator Ignition Authorization
imp	tructions: The Agency Administrator Ignition Authorization must be completed before a prescribed fire can be blemented. If ignition of the prescribed fire is not initiated prior to expiration date determined by the agency ministrator, a new authorization will be required.
Pre	or to signature the agency administrator should discuss the following key items with the fire management officer (FMO) or scribed Fire Burn Boss (RXB). Attach any additional instructions or discussion documentation (optional) to this nument.
K	ey Discussion Items
A.	Has anything changed since the Prescribed Fire Plan was approved or revalidated?
	Such as drought or other climate indicators of increased risk, insect activity, new subdivisions/structures, smoke requirements, Complexity Analysis Rating.
B.	Have compliance requirements and pre-burn considerations been completed?
	Such as preparation work, NEPA mitigation requirements, cultural, threatened, and endangered species, smoke permits, state burn permits/authorizations.
C.	Can all of the elements and conditions specified in Prescribed Fire Plan be met?
	Such as weather, scheduling, smoke management conditions, suitable prescription window, correct season, staffing, and organization, safety considerations, etc.
	Are processes in place to ensure all internal and external notifications and media releases will be completed?
E.	Have key agency staffs been fully briefed about the implementation of this prescribed fire?
F.	Are there circumstances that could affect the successful implementation of the plan?
	Such as preparedness level restrictions, resource availability, other prescribed fire, or wildfire activity
G.	Have you communicated your expectations to the Burn Boss and FMO regarding if and when you are to be notified that contingency actions are being taken?
Н.	Have you communicated your expectations to the Burn Boss and FMO regarding decisions to declare the prescribed fire a wildfire?
-	Date:
exp this circ	n authorizing ignition of this prescribed fire between the dates of and It is my sectation that the project will be implemented within this time frame and as discussed and documented and attached to a plan. If the conditions we discussed change during this time frame, it is my expectation you will brief me on the sumstances and an updated authorization will be negotiated if necessary.
Ad	ditional Instructions or Discussion Documentation attached (Optional): Yes □ No□

Agency Administrator Signature and Title: ______Date:

Ignition Authorized by:

Prescribed Fire Name:				
Ignition Unit Name:				
ignition omervanie.				

Element 2B: Prescribed Fire Go/No-Go Checklist

Preliminary Questions	Circle YES or NO	
A. Have conditions in or adjacent to the ignition unit changed (for example: drought conditions or fuel loadings) which were not considered in the prescription development? If NO proceed with the Go/NO-GO Checklist below, if YES go to item B.	YES NO	
 B. Has the prescribed fire plan been reviewed and an amendment been approved; or has it been determined that no amendment is necessary? If <u>YES</u>, proceed with checklist below. If <u>NO</u>, STOP: Implementation is not allowed. An amendment is needed. 	YES NO	
GO/NO-GO Checklist	Circle YES or NO	
Have ALL permits and clearances been obtained?	YES NO	
Have ALL the required notifications been made?	YES NO	
Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	YES NO	
Have ALL required current and projected fire weather forecast been obtained and are they favorable?	YES NO	
Are ALL prescription parameters met?	YES NO	
Are ALL smoke management specifications met?	YES NO	
Are ALL planned operations personnel and equipment on-site, available, and operational?	YES NO	
Has the availability of contingency resources applicable to today's implementation been checked and are they available?	YES NO	
Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	YES NO	

If all the questions were answered <u>YES</u> proceed with a test fire. Document the current conditions, location, and results. If any questions were answered <u>NO</u>, DO NOT proceed with the test fire: Implementation is not allowed.

After evaluating the test fire, in your judgment can the prescribed fire be carried out according to the prescribed fire plan and will it meet the planned objective? Circle: YES or NO

Burn Boss Signature: Date:		
	Burn Boss Signature:	Date:

Prescribed Fire Name	: <u> </u>		
Ignition Unit Name:_			

Element 3: Complexity Analysis Summary and Final Complexity

Replace this page with the signed: Summary and Final Complexity Worksheet PMS 424-1

The worksheet is a separate file that needs to be copied and pasted from *Summary and Final Complexity Worksheet*, PMS 424-1, https://www.nwcg.gov/publications/424-1. On the completed worksheet, highlight the entire worksheet area to be copied, right click, and choose Copy. On this page, delete this text, right click, choose Picture as a paste option, and resize as necessary to fit to page.

An alternate solution is to print the *Summary and Final Complexity Worksheet*, 424-1, and insert into the final plan.

Prescrib	ed Fire Name:
Ignition	Unit Name:
	Elements 4 through 21 based on the guidance provided in the <i>Interagency Prescribed Fire Planning and entation Procedures Guide</i> , PMS 484.
Elem	ent 4: Description of Prescribed Fire Area
A. Ph	ysical Description
1.	Location:
2.	Size:
3.	Topography:
4.	Project area:
5.	Ignition units:
B. Ve	getation/Fuels Description:
1.	On-site fuels data:
2.	Adjacent fuels data:
3.	Percent of vegetative type and fuels model(s):
C. De	scription of Unique Features, Natural Resources, Values:
D. Ma	nps-Attach in Appendix A
1.	Vicinity (Required)
2.	Project/Ignition Unit(s) (Required)
3.	Values (Optional): \square Included \square Not Included
4.	Significant or Sensitive Features (Optional): \square Included \square Not Included
5.	Fuels or Fuel Model(s)(Optional): \square Included \square Not Included
6.	Smoke Impact Area (Optional): \square Included \square Not Included

Prescribed Fire Name:
Ignition Unit Name:
Element 5: Objectives
A. Resource Objectives:
B. Prescribed Fire Objectives:
Element 6: Funding
A. Cost:
B. Funding Source:
Element 7: Prescription
A. Prescription Narrative:
1. Describe how fire behavior will meet objectives
B. Prescription Parameters:
1. Environmental or fire behavior (or both)
2. Fire Modeling or empirical documentation (or both)
Element 8: Scheduling
A. Implementation Schedule:
1. Ignition Time Frames or Season(s) (or both)
B. Projected Duration:
C. Constraints:

Prescribed Fire Name:
Ignition Unit Name:
Element 9: Pre-burn Considerations and Weather
A. Considerations:
1. On-site
2. Off-site
B. Method and Frequency for Obtaining Weather and Smoke Management Forecast(s):
C. Notifications:
Element 10: Briefing
A. Briefing Checklist; including, but not limited to: (additional items may be added)
 □ Burn organization and assignments □ Prescribed Fire objectives and prescription □ Description of prescribed fire project area □ Expected weather and fire behavior □ Communications
☐ Ignition plan
 ☐ Holding plan ☐ Contingency plan and assignments
□ Wildfire declaration□ Safety and medical plan
☐ Aerial ignition briefing (if aerial ignition devices will be used)
Element 11: Organization and Equipment
A. Positions:
B. Equipment:
C. Supplies:

Prescribed Fire Name:
Ignition Unit Name:
Element 12: Communication
A. Radio Frequencies:
1. Command frequency(ies):
2. Tactical frequency(ies):
3. Air operations frequency(ies):
B. Telephone Numbers:
Element 13: Public and Personnel Safety, Medical
A. Safety Hazards:
B. Mitigation: Measures Taken to Reduce the Hazards:
C. Emergency Medical Procedures:
D. Emergency Evacuation Methods:
E. Emergency Facilities:
Element 14: Test Fire
A. Planned Location:
B. Test Fire Documentation:
1. Weather conditions on-site

2. Test fire results

Prescribed Fire Name:		
Ignition Unit Name:		
Element 15: Ignition Plan		
A. Firing Methods:		
1. Techniques, sequences, and pattern	s	
B. Devices:		
C. Minimum Ignition Staffing:		
Element 16: Holding Plan		
A. General Procedures for Holding:		
B. Critical Holding Points and Actions	3:	
C. Minimum Organization or Capabili	ties Needed:	
Element 17: Contingency Plan	1	
Management Action Points or Limits:		
(Optional MAP Table Format)		
Management Action Point- Documentation Element	Management Action Point Narrative	
Designator and Description:		
Condition:		
Management Intent: Recommended Action(s) to Consider:		
Recommended Resources:		
Time Frame:		
Describe the consequences of not taking		
the recommended action(s) (Optional):		
Responsibility:		
Date Each Action is Initiated (Optional):		
(if you need to include more MAPs, copy,	and paste the above template)	

B. Actions Needed:

C. Minimum Contingency Resources and Maximum Response Time(s):

Prescribed Fire Name:	
Ignition Unit Name:	
Element 18: Wildfire Declaration	
A. Wildfire Declared By:	
B. IC Assignment:	
C. Notifications:	
D. Extended Attack Actions and Opportunities to Aid in Fire Suppression (Optional):	
Element 19: Smoke Management and Air Quality	
A. Compliance:	
B. Permits to be Obtained:	
C. Smoke-Sensitive Receptors:	
D. Potential Impacted Areas:	
E. Mitigation Strategies and Techniques to Reduce Smoke Impacts:	

Prescribed Fire Name:
Ignition Unit Name:
Element 20: Monitoring
A. Fuels Information Required and Procedures:
B. Weather Monitoring (Forecasted and Observed) Required and Procedures:
C. Fire Behavior Monitoring Required and Procedures:
D. Monitoring Required to Ensure that Prescribed Fire Plan Objectives are Met:

Element 21: Post-burn Activities

A. Post-Burn Activities that must be Completed:

E. Smoke Dispersal Monitoring Required and Procedures:

Prescribed Fire Name	:		
Ignition Unit Name:			

Prescribed Fire Plan Appendices

Appendix A: Maps: Vicinity, Project or Ignition Units (or both), Optional: Significant or Sensitive Features, Fuels or Fuel Model, Smoke Impact Areas

Appendix B: Technical Reviewer Checklist

Appendix C: Complexity Analysis

Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment

Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Appendix F: Smoke Management Plan and Smoke Modeling Documentation (Optional)

Prescribed Fire Name	: <u> </u>		
Ignition Unit Name:			

Appendix A: Vicinity Map

Insert your vicinity maps here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name:			
Ignition Unit Name:			

Appendix A: Project (Ignition Units) Maps

Insert your project (ignition unit) map(s) here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name:		
Ignition Unit Name:		

Appendix A: Optional Maps (Fuels, Significant or Sensitive Features/Values, Smoke Receptors, etc.)

Insert your significant or sensitive values and or feature map(s) here. Refer to Element 4D in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name):		
Ignition Unit Name:			

Appendix A: Fuels or Fuel Model: (Optional) Maps

Insert your fuel or fuel model map(s) here. Refer to Element 4D in *the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name	b:	
Ignition Unit Name:		

Appendix A: Smoke Impact Areas: (Optional) Maps

Insert your significant or sensitive feature map(s) here. Refer to Element 4D in *the Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name:		
Ignition Unit Name:		
Appendix B: Technical Reviewer Checklist		
Fill out this checklist based on the guidance provided in the Technical Rev		
and Implementation Procedures Guide, PMS 484. Rate each element in the		table with an "S" for Satisfactory or "U" for
Unsatisfactory. Use Comment field as needed to support the element ratin PRESCRIBED FIRE PLAN ELEMENTS	-	COMMENTS
	KATING	COMMENTS
1. Signature Page		
2. A. Agency Administrator Ignition Authorization		
2. B. Prescribed Fire GO/NO-GO Checklist		
3. Complexity Analysis Summary		
4. Description of Prescribed Fire Area		
5. Objectives		
6. Funding		
7. Prescription: Prescription Narrative and Prescription Parameters		
8. Scheduling		
9. Pre-Burn Considerations and Weather		
10. Briefing		
11. Organization and Equipment		
12. Communication		
13. Public and Personnel Safety, Medical		
14. Test Fire		
15. Ignition Plan		
16. Holding Plan		
17. Contingency Plan		
18. Wildfire Declaration		
19. Smoke Management and Air Quality		
20. Monitoring		
21. Post-Burn Activities		
Appendix A: Maps		
Appendix C: Complexity Analysis		
Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment		
Appendix E: Fire Behavior Modeling Documentation or Empirical		
Documentation Discussion and the second seco		
Appendix F: Smoke Management Plan and Smoke Modeling		
Documentation (Optional) Other		
Approval is recommended subject to the completion of all requirements.	ents listed in	the comments section, or on the Prescribed
Recommendation for approval is not granted. Prescribed Fire Plan	should be re	e-submitted for technical review subject to
the completion of all requirements listed in the comments section, or Technical Reviewer Signature:	on the Preso	cribed Fire Plan.
Qualification and Currency:		
Date Signed:		

Prescribed Fire Name:			
Ignition Unit Name:			

Appendix C: Complexity Analysis

Please refer to Element 3: Complexity Analysis Summary in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, and the procedures in *the Prescribed Fire Complexity Analysis Rating System Guide*, PMS 424, to fill out this appendix.

Prescribed Fire Name	: <u> </u>		
Ignition Unit Name:			

Appendix D: Agency-Specific Job Hazard Analysis or Risk Assessment

Please refer to your specific agency guidance to fill out this appendix.

Prescribed Fire Name	e:		
Ignition Unit Name:			

Appendix E: Fire Behavior Modeling Documentation or Empirical Documentation

Refer to Element 7: Prescription, in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

Prescribed Fire Name:		
Ignition Unit Name:		

Appendix F: Smoke Management Plan and Smoke Modeling Documentation

(OPTIONAL)

Refer to the *NWCG Smoke Management Guide for Prescribed Fire*, PMS 420-2, and Appendix A. Basic Smoke Management Practices in the *Interagency Prescribed Fire Planning and Implementation Procedures Guide*, PMS 484, to fill out this appendix.

The *NWCG Prescribed Fire Plan Template* is developed and maintained by the Fire Use Subcommittee (FUS), under the direction of the Fuels Management Committee (FMC), an entity of the National Wildfire Coordinating Group (NWCG).

Previous editions: 2018, 2017, 2014.

While they may still contain current or useful information, previous editions are obsolete. The user of this information is responsible for confirming that they have the most up-to-date version. NWCG is the sole source for the publication.

This publication is available electronically at https://www.nwcg.gov/publications/484-1.

Submit comments, questions, and recommendations to the appropriate agency program manager assigned to the FUS using the NWCG Publication Review Form,

https://www.nwcg.gov/publications/publication-review-form. View the complete roster at https://www.nwcg.gov/committees/fire-use-subcommittee/roster.

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