

SIMPLE UNDERSTORY PRESCRIBED BURNING UNIT PLAN

Landowner _____ Permit no. _____
 Address _____ Phone no. _____
 S ____ T ____ R ____ County _____ Acres to burn _____ Previous burn date _____
 Purpose of burn _____

(Draw map on back or attach)

Stand Description

Overstory type & Size _____ Height to bottom of crown _____
 Understory type & height _____
 Dead fuels: description and amount _____

Preburn Factors

Manpower & equipment needs _____
 List smoke-sensitive areas & locate on map _____
 Special precautions _____
 Estimated no. hours to complete _____ Passed smoke screening system _____
 Adjacent landowners to notify _____

| Weather Factors: | Desired Range | Predicted | Actual |
|--------------------------------|----------------------|------------------|---------------|
| Surface winds (speed & dir.) | _____ | _____ | _____ |
| Transport winds (speed & dir.) | _____ | _____ | _____ |
| Minimum mixing height | _____ | _____ | _____ |
| Dispersion/stagnation index | _____ | _____ | _____ |
| Minimum relative humidity | _____ | _____ | _____ |
| Maximum temperature | _____ | _____ | _____ |
| Fine-fuel moisture (%) | _____ | _____ | _____ |
| Days since rain | _____ Amount _____ | _____ | _____ |

| Fire Behavior: | Desired Range | Actual |
|---------------------------|----------------------|-------------------|
| Type fire | _____ | _____ |
| Best month to burn | _____ | Date burned _____ |
| Flame length | _____ | _____ |
| Rate of spread | _____ | _____ |
| Inches of litter to leave | _____ | _____ |

| Evaluation: | Immediate | Future |
|--|---------------------|-----------------------------|
| Any escapes? | _____ Acreage _____ | Evaluation by _____ |
| Objective met | _____ | Date _____ |
| Smoke problems | _____ | Insect/disease dam. _____ |
| % of area with crown discoloration of | _____ | Crop Tree Mortality _____ |
| 5-25% ____ 26-50% ____ 51-75% ____ 76%+ ____ | _____ | % understory kill _____ |
| Live crown consumption | _____ | Soil movement _____ |
| % understory veg. consumed | _____ | Other adverse effects _____ |
| Adverse publicity | _____ | Remarks _____ |
| Technique used OK | _____ | _____ |
| Remarks | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Prescription made by _____ Date ____ / ____ / ____
 Title _____