

GO-NO-GO CHECKLIST

Unit: _____

- Yes___ No___ Are **ALL** fire prescription elements met?
- Yes___ No___ Are **ALL** smoke management specifications met?
- Yes___ No___ Are **ALL** permits and clearances obtained?
- Yes___ No___ Have **ALL** the required notifications been made?
- Yes___ No___ Are **ALL** required personnel in the prescribed fire plan on site?
- Yes___ No___ Has the contingency planning process adequately considered fuels adjacent to and within a reasonable proximity to the burn area?
- Yes___ No___ Has the availability of **ALL** contingency resources been checked, and are they available?
- Yes___ No___ Have **ALL** personnel viewed the areas they are responsible for?
- Yes___ No___ Have **ALL** personnel discussed the objectives of the burn; ignition plan; locations of extra resources such as drinking water, pump can water, drip torch fuel; crew assignments; hazards; safety zones; escape routes; and contingencies?
- Yes___ No___ Have **ALL** personnel been shown a map of the entire burn unit?
- Yes___ No___ Are the on-site holding forces adequate for containment under the expected conditions?
- Yes___ No___ In **YOUR OPINION**, can the prescribed fire meet the planned objectives, and can it be carried out according the approved plan?
- Yes___ No___ Do **ALL** crew members accept their assignments?
- Yes___ No___ Do **ALL** crew members understand the emergency protocols and communications plan?
- Yes___ No___ Other considerations:
- Yes___ No___ Has a test fire been conducted and are conditions deemed safe enough to continue?

I certify that I have reviewed the burn objectives and that all the above questions were answered "YES."

Prescribed Fire Burn Boss

Date

Time