

# LIVE FIRE USE – GO/NO GO CHECKLIST (8100)

(No. 51 April 2008)

PROJECT NAME: \_\_\_\_\_ PROJECT NUMBER: \_\_\_\_\_

YES

NO

1. Current conditions are within minimum/maximum prescription criteria

TIME: \_\_\_\_\_ TEMP: \_\_\_\_\_ R.H.: \_\_\_\_\_ WIND DIRECTION: \_\_\_\_\_

FUEL STICK: \_\_\_\_\_ LIVE FUEL: \_\_\_\_\_ WIND SPEED: \_\_\_\_\_

2. Spot forecast(s) have been received and reviewed. No adverse weather conditions or changes are expected.

3. Applicable permits have been issued and the project complies with all requirements of the permits

4. Personnel and equipment required in the IAP are in position

5. All personnel have been briefed on the IAP

6. Backup and support resources are available in strength needed to contain escapes  
Within the burning period

7. Notifications have been made

Adjacent landowners

News Media

Unit ECC

Lookouts and Air Attack Bases (summer only)

A.P.C.D. or A.Q.M.D

Other: \_\_\_\_\_

8. Is a test burn required? If yes, go to #9. If no, go to #10

9. A test plot has been burned satisfactorily

10. Has a "NO" box been checked (other than #8)? If so, do not burn unless approval to modify the plan has been received

**IF "NO" BEGIN PRESCRIBED FIRE OPERATION**

**IF "YES" GO TO #11**

11. Can the plan be modified or action taken to rectify the situation?

**IF "NO" DO NOT BURN**

**IF "YES" Describe plan change and/or action taken: \_\_\_\_\_**

Did the Unit Chief approve the changes

Method of contact:  Radio  Phone  Personnel Contact

IC Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

ADVISE UNIT ECC OF DECISION WHEN CHECKLIST IS COMPLETE  
IC TO RETAIN CHECKLIST FOR RECORDS