All information and items on the checklist must be completed and submitted to the UDA office no later than five business days after the completion of the Prescribed Fire Burn Project that has been scheduled on the policy. The Named Insured’s non-compliance with any condition or requirement will result in an automatic exclusion of coverage of the project being submitted.

Project Location: ___________________________ Dates: ___________________________

- Are ALL fire prescription elements met?  
  Date: _______ Initials: _______

- Are ALL smoke management specifications met?  
  Date: _______ Initials: _______

- Have ALL required current and projected fire weather forecasts been obtained and are they favorable?  
  Date: _______ Initials: _______

- Are ALL planned operations personnel and equipment on-site, available and operational?  
  Date: _______ Initials: _______

- Has the availability of ALL contingency resources been checked and are they available?  
  Date: _______ Initials: _______

- Have ALL project personnel been briefed on the project objectives, their individual assignments, safety hazards, escape routes and safety zones?  
  Date: _______ Initials: _______

- Have ALL the per-burn considerations identified in the prescribed fire plan been completed or addressed?  
  Date: _______ Initials: _______

- Have ALL required notifications been made?  
  Date: _______ Initials: _______

- Are all permits and clearances obtained  
  Permit Number: __________ Agency: __________________________  
  Date: _______ Initials: _______

- In your opinion, can the burn be carried out according to the prescribed fire plan and will it meet the planned objective?  
  Date: _______ Initials: _______

Project Completed On: Date  Submitted to UDA On: Date

Named Insured  Signature

Policy Number  Policy Effective Dates