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## PRESCRIBED FIRE BURN PROJECT CHECKLIST

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?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Are ALL smoke management specifications met?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Have ALL required current and projected fire weather forecasts been obtained and are they favorable?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Are ALL planned operations personnel and equipment on-site, available and operational?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Has the availability of ALL contingency resources been checked and are they available?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Have ALL project personnel been briefed on the project objectives, their individual assignments, safety hazards, escape routes and safety zones?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Have ALL the per-burn considerations identified in the prescribed fire plan been completed or addressed?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Have ALL required notifications been made?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_
- Are all permits and clearances obtained  Yes  No  
 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?  Yes  No  
 Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Project Completed On: Date \_\_\_\_\_

Submitted to UDA On: Date \_\_\_\_\_

Named Insured \_\_\_\_\_

Signature \_\_\_\_\_

Policy Number \_\_\_\_\_

Policy Effective Dates \_\_\_\_\_