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?

☐ Are ALL smoke management specifications met?

☐ Have ALL required current and projected fire weather forecasts been obtained and are they favorable?

☐ Are ALL planned operations personnel and equipment on-site, available and operational?

☐ Has the availability of ALL contingency resources been checked and are they available?

☐ Have ALL project personnel been briefed on the project objectives, their individual assignments, safety hazards, escape routes and safety zones?

☐ Have ALL the per-burn considerations identified in the prescribed fire plan been completed or addressed?

☐ Have ALL required notifications been made?

☐ Are all permits and clearances obtained

Permit Number: __________ Agency: __________

☐ In your opinion, can the burn be carried out according to the prescribed fire plan and will it meet the planned objective?

Project Completed On: ________________________________

Submitted to UDA On: ________________________________

Named Insured ________________________________

Signature ________________________________

Policy Number ________________________________

Policy Effective Dates ________________________________