

PBAT Prescribed Burn Plan

Upper Llanos PBA

Prepared By: _____	Plan # _____
Signature: _____	Date Plan Submitted: _____
TDA License No. (if CPBM) _____	_____
Date Plan Filed: _____	Expiration Date: _____
County 1: _____	Ranch Name: _____ Pasture Name: _____
County 2: _____	_____
Ranch Address: _____	City: _____
Acres to be Burned: _____	GPS Coordinates: _____ W Long: _____
Burn Days Planned: _____	Burn Days Actual: _____
Burn Boss: _____	E-mail Address: _____
Landowner: _____	Address: _____
City: _____	State: _____ Zip: _____
Phone: _____	Work: _____ Cell: _____ Fax: _____
E-mail: _____	_____
Alternate Contact: _____	Phone: _____
Record of Previous Burning: _____	Date: _____
PREVIOUS BURN RESULTS:	
BURN JUSTIFICATION (goals, objectives, rationale, & purpose):	
<p>Improve plant diversity and palatability. Reduce wildfire fuels. Suppress invasive woody species. Suppress prickly pear and reduce juniper.</p>	

NOTIFICATIONS BEFORE BURN				
Please check box when completed.				
Contacts	Phone Number	Talked to	Date	Notes
Fire Dept.	<input type="checkbox"/>			
Sheriff Dept.	<input type="checkbox"/>			
TCEQ	<input type="checkbox"/>			
TFS	<input type="checkbox"/>			
County Govt	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Utilities	Phone Number	Talked to	Date	Notes
Electric	<input type="checkbox"/>			
Gas/Oil	<input type="checkbox"/>			
Telephone	<input type="checkbox"/>			
Other	<input type="checkbox"/>			

NOTIFICATIONS AFTER BURN					
Please check box when completed					
Contacts	Phone Number	Talked to	Date	Time	Notes
Fire Dept.	<input type="checkbox"/>				
Sheriff Dept.	<input type="checkbox"/>				
TCEQ	<input type="checkbox"/>				
TFS	<input type="checkbox"/>				
County Govt	<input type="checkbox"/>				
	<input type="checkbox"/>				
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	<input type="checkbox"/>				

NOTIFICATION BEFORE BURN				
Please check box when completed				
Neighbors	Phone Number	Talked to	Date	Notes
	<input type="checkbox"/>			
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Description of Area
Live Fuel (Type, Density, and Size)
Dead Fuels (Description, Moisture, and Time-Lag)
Topography and Elevation
Preburn Factors
Fireguards: specify width, attach map
Plow _____ Blade _____ Shred _____ Rake _____
Wet line _____ Black line _____ Other _____
Crew size, (minimum number required)
Protection Needs (buildings, power lines, hunting blinds, feeders, etc., see map)
Ignition Procedures, (see map)
Smoke Sensitive Areas, (see map) Add smoke model results (if required) on lines 300 - 346
Special Precautions, (see map)

Tanks and Sprayers Required		Does not include backpack sprayers							
In left (red) box check minimum required. In right (green) box check if actually available on site.									
		Min Capacity, gal	Act Cap, gal	Mounted/Drag	Support Vehicle	GPM	Gas/Electric	Notes/comments.	
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
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<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
		0	0						

Other Equipment Needs							
In left (red) box check if required. In right (green) box check if available on site day of burn.							
Comments							
<input type="checkbox"/>	<input type="checkbox"/>	Drafting Water source / where					
<input type="checkbox"/>	<input type="checkbox"/>	Water Hydrant / where					
				Min No. Reqd.	Act No. Avail.		
<input type="checkbox"/>	<input type="checkbox"/>	Drinking Water / gallons				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Backpack Sprayers				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Blade, Dozer, Tractor & Plow				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drip Torch / how many				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Lighting Fuel / gallons				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sprayer Fuel				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Matches or Lighter				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Fire Weather Kit				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Flappers				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Pliers & Bolt Cutters				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Rakes				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shovels				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Road Signs				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Flags				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Cell Phones				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Two-Way Radios				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Chain Saw				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Leaf Blower				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Two Cycle Fuel				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Binoculars				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	GPS				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drafting pump				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Drafting hose, ft				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other				<input type="checkbox"/>	<input type="checkbox"/>

Preburn Protection Needs									
Check box if attention is needed	Comments								
<input type="checkbox"/> Remnant Livestock									
<input type="checkbox"/> Inspection of Fireguards									
<input type="checkbox"/> Pens and Barns									
<input type="checkbox"/> Headquarters									
<input type="checkbox"/> Haystacks									
<input type="checkbox"/> Windmills									
<input type="checkbox"/> Wells									
<input type="checkbox"/> Equipment									
<input type="checkbox"/> Water Storage Facilities									
<input type="checkbox"/> Fences									
<input type="checkbox"/> Hunting Facilities									
<input type="checkbox"/> Feeders									
<input type="checkbox"/> Utility Poles									
<input type="checkbox"/> Oil & Gas Pipelines									
<input type="checkbox"/> Desirable Wooded Areas									
<input type="checkbox"/> Special Habitat Areas									
<input type="checkbox"/> Critically Eroding Areas									
<input type="checkbox"/> Vehicles									
<input type="checkbox"/> Other									
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%; padding: 5px;">Liability Insurance company:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Policy #</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Agent</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> Phone#</td> <td style="padding: 5px;"></td> </tr> </table>		Liability Insurance company:		Policy #		Agent		Phone#	
Liability Insurance company:									
Policy #									
Agent									
Phone#									

Other

Prescriptive Burning Conditions

Desired Prescription Black lines

Date of burn (black lines)	_____ to _____	Actual	_____ to _____
Time of burn (black lines)	_____ to _____	Actual	_____ to _____
Temperature (F)	_____ to _____	Actual	_____ to _____
Rel Humidity (%)	_____ to _____	Actual	_____ to _____
Wind Direction	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 20 ft elevation	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 33 ft (10 m) elev	_____ to _____	Actual	_____ to _____
Fuel Load (lbs/ac)	_____ to _____	Actual	_____ to _____
Dead Fuel Moisture, %	_____ to _____		
(1-hr)	_____ to _____	Actual	_____ to _____
(10-hr)	_____ to _____	Actual	_____ to _____
(100-Hr)	_____ to _____	Actual	_____ to _____
Live Fuel Moisture, %	_____ to _____	Actual	_____ to _____

Desired Prescription Range (head fire)

Date of burn (head fire)	_____ to _____	Actual	_____ to _____
Time of burn (head fire)	_____ to _____	Actual	_____ to _____
Temperature (F)	_____ to _____	Actual	_____ to _____
Relative Humidity	_____ to _____	Actual	_____ to _____
Wind Direction	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 20 ft elevation	_____ to _____	Actual	_____ to _____
Wind Speed, mph at 33 ft (10 m) elev	_____ to _____	Actual	_____ to _____
Fuel Load (lbs/ac)	_____ to _____	Actual	_____ to _____
Dead Fuel Moisture, %	_____ to _____		
(1-hr)	_____ to _____	Actual	_____ to _____
(10-hr)	_____ to _____	Actual	_____ to _____
(100-Hr)	_____ to _____	Actual	_____ to _____
Live Fuel Moisture, %	_____ to _____	Actual	_____ to _____

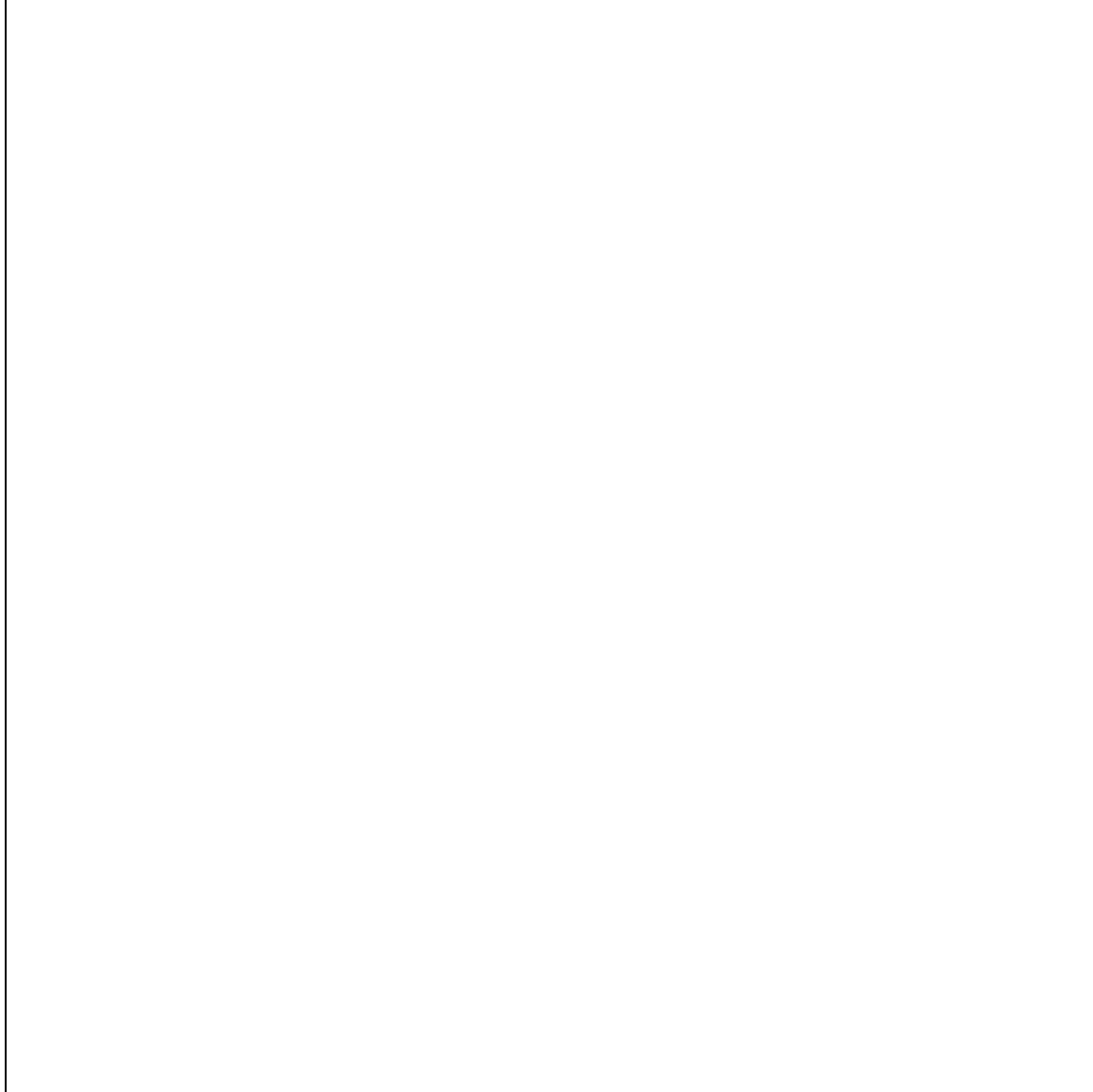
Category Day (CD)		For Smoke Management
CD	Ventilation Rate	Guideline
I	< 14,500	No Burn
II	14,500 - 29,000	No Burn until inversion has lifted
III	29,000 - 58,000	Daytime Only
IV	58,000 - 117,000	Anytime
V	> 117,000	Excellent Smoke Dispersion

Formula	Mixing Height X Transport Speed = Ventilation Rate		
	Desired Minimum Conditions	F'cast Min Cond for Burn	Notes/Comments
Mixing Height	_____ ft.	_____ ft.	
Transport Wind Speed	_____ mph	_____ mph	
Direction			
Ventilation Rate	_____ 0	_____ 0	
Category Day (calculated)			
Category Day (by NWS)			

Actual Fire - Weather Information									
Measure data approx every 30 min.				Wind		Air	Relative	Remarks	
Date	Time	Location	Elev.	Speed	Direction	Temp. (F)	Humidity	By	Remarks

Remarks:

Map of Area



Ignition Sequence: (may be shown here or lines 101 - 102)

A rectangular box with a black border, intended for the ignition sequence. The box is currently blank.

Smoke Model Predictions [Simple Smoke Screening Link](#) [VSmoke Link](#)

Insert text here. Move and resize box as required.

Contingency Plans

Insert text here. Move and resize box as required.

Crew Members and Responsibilities			
Name	Phone Number	Responsibility	Reviewed by Crew Member
			<input type="checkbox"/>
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Mop Up After Burning
 1) Maintain close observation of the burned area until fire is completely extinguished. Check the perimeter for firebrand sources such as trees, posts, cow chips, logs, burning hollow trees, etc.
 2) Continue to monitor weather until fire is extinguished.
 3) Take immediate positive action to insure safety of the fire should a dangerous change of the weather be forecast.

Above Responsibilities	Crew Member(s) Name	Completion		Comments
		Date	Time	
1				
2				
3				

Reviews

This Prescribed Burn Plan was Reviewed By:

Printed Name: _____ Date: _____

Signature: _____

Landowner or Lease Holder

Signature: _____

Printed Name: _____ Date: _____

A COPY OF THIS BURN PLAN SHOULD BE KEPT FOR A MINIMUM OF FIVE YEARS.

Rev. 1 5/11/12 and Approved

Protection = 6

Rev 4 - 8/25/12

Rev 5 - 9/1/12

Rev 7 - 4/26/13

Rev 10 - ??

Rev 12 - 4/8/14

Rev 13 - 5/17/14

Rev 14- 6/11/15 Unprotected some cells that were incorrectly protected. Corrected link to VSmoke.