

**WASHINGTON CERTIFIED PRESCRIBED BURNER
EVALUATION FORM**

BURNER

Name: _____

Address: _____

Email Address: _____

Phone: _____

Date and location of Evaluation: _____

Type of Burn: Broadcast burn

Pile burn

1. Date and location of Certified Prescribed Burn Course successfully attended.

2. Burn Observation:

- a. Burn plan attached: _____ Yes ___ No
- b. Are the following items in the burn plan:
 - i. Landowner name and location: _____ Yes ___ No
 - ii. Description of burn area: _____ Yes ___ No
 - iii. Map of burn area: _____ Yes ___ No
 - iv. Estimate of fuel (tons per acre): _____ Yes ___ No
 - v. Objectives of burn: _____ Yes ___ No
 - vi. Acceptable weather parameters: _____ Yes ___ No
 - vii. Summary of methods to start, control and extinguish: _____ Yes ___ No
 - viii. Neighbor notifications _____ Yes ___ No
- c. Burn permit(s) attached: _____ Yes ___ No
- d. Smoke approval if required: _____ Yes ___ No
- e. Weather parameters acceptable: _____ Yes ___ No
- f. Appropriate resources available: _____ Yes ___ No
- g. Official communications/Neighbor notifications complete: _____ Yes ___ No
- h. Pre-burn Briefing acceptable: _____ Yes ___ No
- i. Test fire acceptable: _____ Yes ___ No
- j. Burn execution acceptable: _____ Yes ___ No
- k. Contingency plan acceptable: _____ Yes ___ No
- l. Mop-up plan acceptable: _____ Yes ___ No
- m. Post-fire patrol and communications plan acceptable: _____ Yes ___ No

3. Burn observed by:

Signature _____

Printed name _____

WA Certified Prescribed Burn Manager _____

I hereby recommend that _____

be certified as a prescribed burn manager under the Washington Certified

Prescribed Burn Manager program on this date: _____

Comments: _____

Email to: kyle.lapham@dnr.wa.gov

