



Salt Lake City Area Office
 8722 S. Harrison St. Sandy, UT 84070
 P.O. Box 4439 Sandy, UT 84091
 800-257-5590 • Fax 801-304-5515

**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