

**WASHINGTON CERTIFIED PRESCRIBED BURNER
EVALUATION FORM**

BURNER

Name: _____

Address: _____

Email Address: _____

County: _____

Phone: _____

Date and location of Evaluation: _____

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 address: | ___ 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: _____

Mail to: Kyle Lapham, Certified Burner Program Manager
Washington Department of Natural Resources
Forest Resilience Division
1111 Washington Street SE
MS 47037
Olympia, WA 98504

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

