

**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 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: \_\_\_\_\_

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Mail to: Kyle Lapham, Certified Burner Program Manager  
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