

## GO-NO-GO CHECKLIST

\_\_\_\_\_  
Unit

- \_\_\_ Is burn plan complete and approved?
- \_\_\_ Are all fire prescriptions specifications met?
- \_\_\_ Are all smoke management prescriptions met?
- \_\_\_ Is the current and projected fire weather forecast favorable?
- \_\_\_ Have all air quality considerations and smoke requirements been met?
- \_\_\_ Are all personnel required in the prescribed burn plan on-site?
- \_\_\_ Have all personnel been briefed on the prescribed burn plan requirements?
- \_\_\_ Have all personnel been briefed on safety hazards, escape routes, and safety zones?
- \_\_\_ Is all of the required equipment in place and in working order?
- \_\_\_ Are available (including back-up) resources adequate for containment of escapes under the worst-case conditions?
- \_\_\_ Are answers to all of the above questions "YES"?
- \_\_\_ In your opinion, can the burn be carried out according to the plan and will the burn meet planned objectives?
- \_\_\_ Is there an adequate contingency plan developed and proofed?

I have read and concur with the conditions indicated in the approved burn plan for this unit, and all of the above questions have been answered "YES."

\_\_\_\_\_  
Burn Boss

\_\_\_\_\_  
Date

\_\_\_\_\_  
Refuge Manager

\_\_\_\_\_  
Date



**Exhibit 2-1-1: NWCG GO/NO-GO FORMAT CHECKLIST**  
**NWCG PRESCRIBED FIRE**  
**GO/NO-GO CHECKLIST**

Yes	No	Questions
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL fire prescription elements met?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL smoke management specifications met?
<input type="checkbox"/>	<input type="checkbox"/>	Has ALL required current and projected fire weather forecast been obtained and are they it favorable?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL planned operations personnel and equipment on-site, available, and operational?
<input type="checkbox"/>	<input type="checkbox"/>	Has the availability of ALL contingency resources been checked, and are they available?
<input type="checkbox"/>	<input type="checkbox"/>	Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?
<input type="checkbox"/>	<input type="checkbox"/>	Have all the pre-burn considerations identified in the prescribed fire plan been completed or addressed?
<input type="checkbox"/>	<input type="checkbox"/>	Have ALL the required notifications been made?
<input type="checkbox"/>	<input type="checkbox"/>	Are ALL permits and clearances obtained?
<input type="checkbox"/>	<input type="checkbox"/>	In your opinion, can the burn be carried out according to the prescribed fire plan and will it meet the planned objective?

If all the questions were answered "YES" proceed with a test fire. Document the current conditions, location, and results.

Prescribed Fire Burn Boss	Date
Refuge Manager	Date

