

MDC RX BURN NOTIFICATION FORM

Red indicates required fields.

RX INFORMATION			
Name of Burn / Unit		Part of District Wide Pile Plan?	
Complexity	Unit Type	Ignition Type	AMS#
Lat x Long			
Location Description			
Planned Ignition Date		Planned Acres	
Agency Admin / Trainee			Level
Rx Fire Manager			
Burn Boss / Trainee			Level
IA Resource(s)			
Resources Assigned <i>(include out-of-area resources)</i>			
Contingency Resources			
MDC to notify			
Additional Info			

HELISPOT LOCATION INFORMATION (for medical emergencies)	
Lat x Long	
Geographic Description & location relation to RX	
Size & Surface Area	

SPOT FORECAST REQUEST			
Does MDC need to request a Spot Forecast?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please complete items in red below
7.5' Quad		Requesting Official	
Size		E-mail address	
Drainage		Phone Number	
Elevation – Top		Aspect	
Elevation – Bottom		Fuel Type	
Hysplit Model?		Sheltering	
Special WX requests <i>(include specific thresholds or other weather concerns)</i>			

Please attach location and project map(s) when submitting this form

Email to mtmdc@firenet.gov upon completion the day of day prior to planned ignition date.