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| --- | --- | --- | --- | --- |
| *Updated 11/7/02* | | | Today’s Date: (MM/DD/YY)      /     / | |
| Ignition Date: (MM/DD/YY)      /     / | |
| **Daily Burn Form**  *Submit burn forms by 2:00 p.m. the day before the planned ignition date. Submit one daily burn form per burn for each planned ignition date.* | | | | |
| BURN NAME: | | |  | |
| BURN NUMBER: | | |  | |
| **ACRES TO BE TREATED:** | | |  | |
| **BURN LOCATION:** (TT/RR/SS or SS-SS) | | | /     / | |
| **SMOKE MANAGEMENT UNIT NUMBER: (1-11)** | | |  | |
| **ARE THE ACRES REQUESTED THIS DATE LINED?** (Natural, Blackline,  Wetline / Fireline, Trail / Roads) ***If acres are not lined, maximum area that could burn is***\_\_\_\_\_\_\_\_\_ | | | Yes  No | |
| **MULTIPLE OR CONSECUTIVE DAY BURN?** | | | Yes  No | |
| **EXPECTED DAYTIME PLUME BEHAVIOR:** | | | | |
| **EXPECTED DIURNAL SMOKE BEHAVIOR:** | | | | |
| **EXPECTED IMPACT ON SENSITIVE AREA(S)** : | | | | |
| **COMMENTS:** (Description of fuel conditions, fuel consumption, or smoke transport from previous day, etc.) | | | | |
| Contact Name: | | **Contact Number:** | | |
|  | | | | |
| Arizona Interagency Smoke Management Use Only | | | | |
| **REVIEWED BY:** | **CONDITIONS:** | | | **ACRES:** |