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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:** |