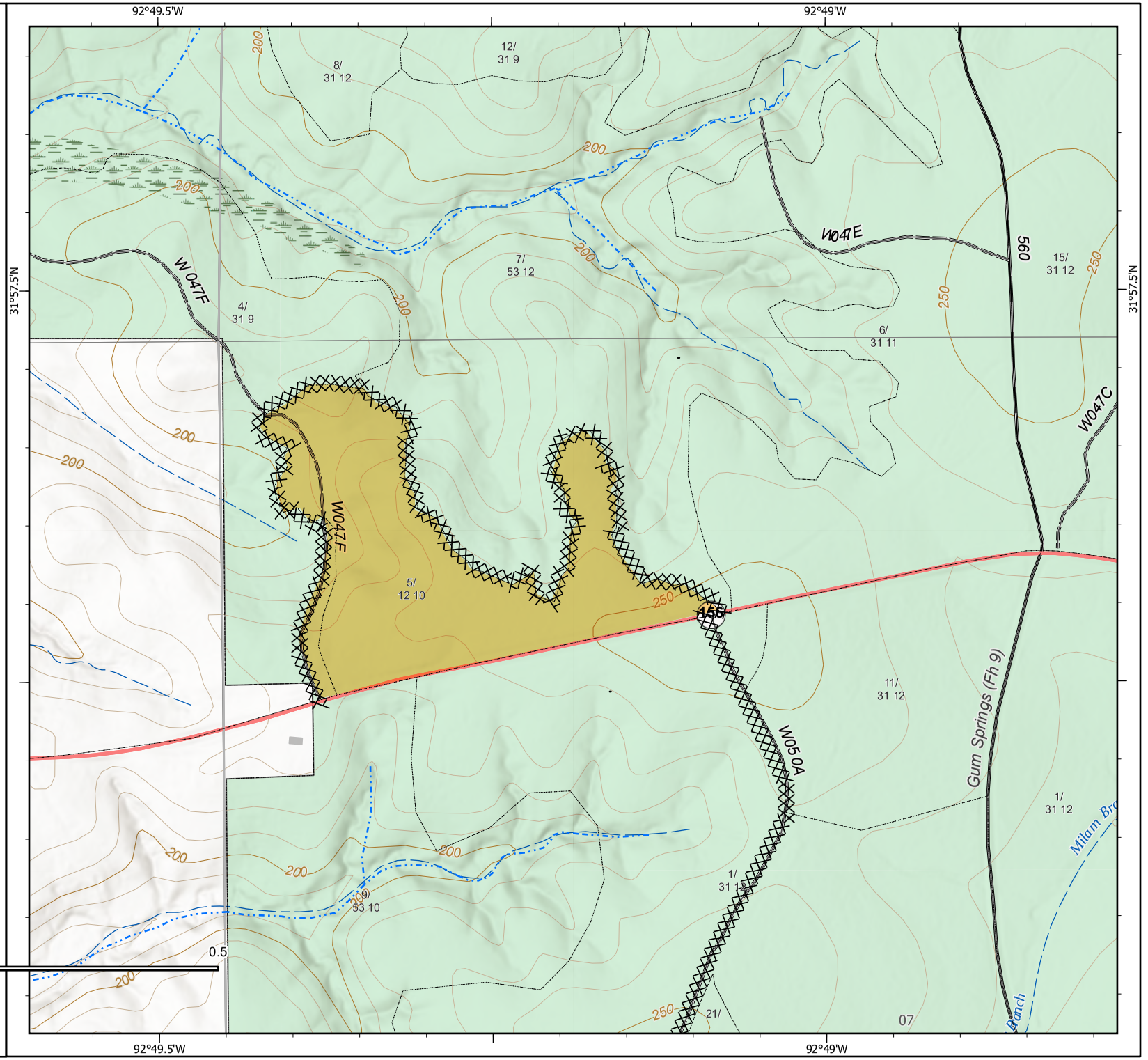
Kisatchie National Forest

District: Winn
Burn Unit: C-47 Site Prep
21 Acres

Last Burned:

- Completed Dozer Line
- BurnUnit
- Intermittent
- High Clearance Vehicles
- Moderate Degree of User Comfort
- Stand

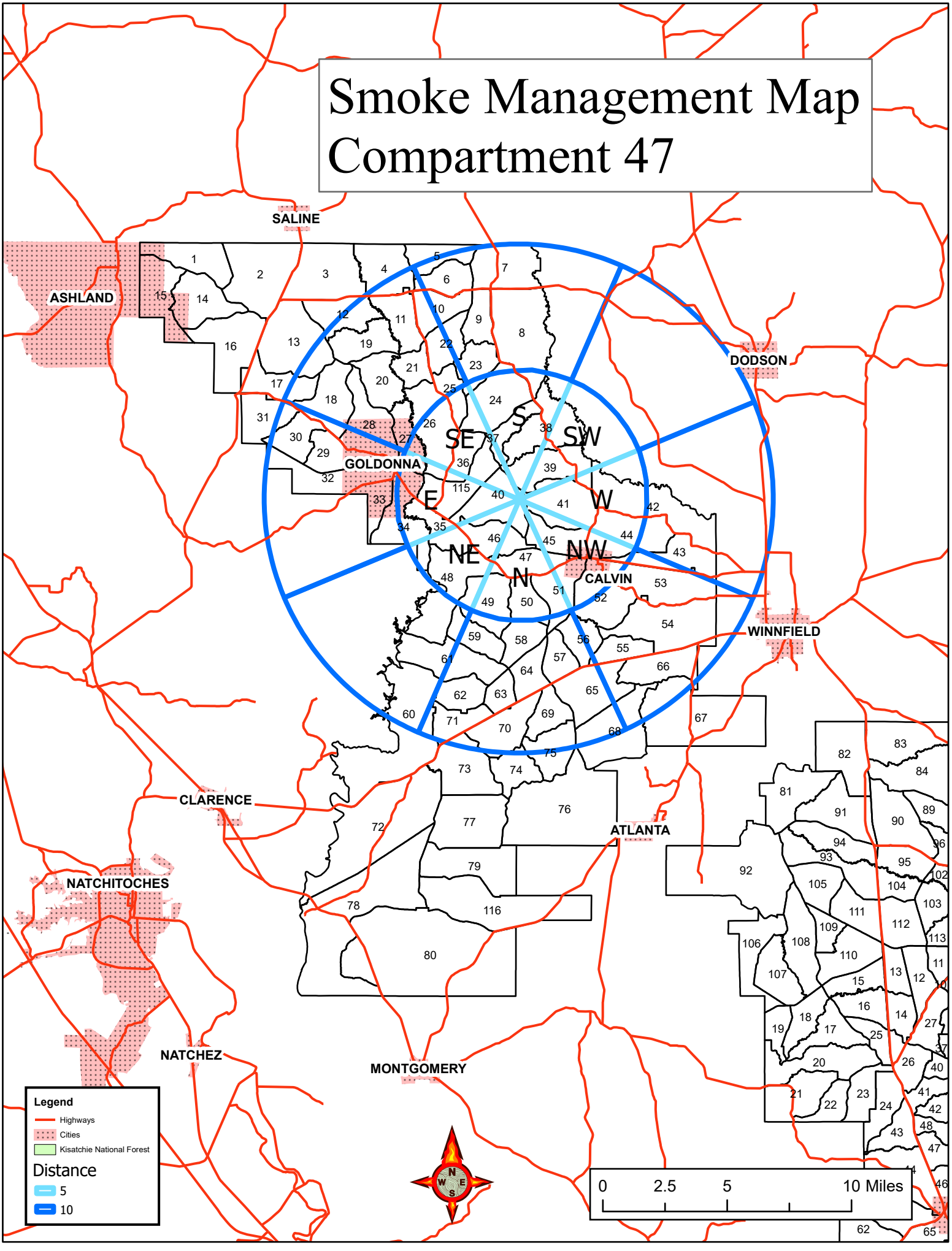


Scan for Maps

0.25 0.5
Miles

1:6,211 | Kisatchie Fire | 11/5/2026 1359

North American 1983 Datum. LatLong Grid


Smoke Management Map
Compartment 47
SALINE
ASHLAND
DODSON
GOLDONNA
CALVIN
WINNFIELD
CLARENCE
ATLANTA
NATCHITOCHES
NATCHEZ
MONTGOMERY
N
NE
E
SE
S
SW
W
NW
Legend
Highways
Cities
Kisatchie National Forest
Distance
5
10
0
2.5
5
10 Miles

ELEMENT 2A: AGENCY ADMINISTRATOR IGNITION AUTHORIZATION

Instructions: The Agency Administrator Ignition Authorization must be completed before a prescribed fire can be implemented. If ignition of the prescribed fire is not initiated prior to expiration date determined by the agency administrator, a new authorization will be required.

Prior to signature the agency administrator should discuss the following key items with the fire management officer (FMO), duty officer responsible for coordinating contingency and wildfire response, and the burn boss. Attach any additional instructions or discussion documentation (optional) to this document.

DROUGHT AWARENESS: Current drought conditions according to the **KBDI** is _____and the trend over the last several months is (**select one**): Worsening ☐ Improving ☐ Stable ☐

KEY DISCUSSION ITEMS	Select one	
A. Has anything changed since the Prescribed Fire Plan was approved or revalidated? If yes, what changes to the Prescribed Fire Plan have been made to address the changes. *Such as drought or other climate indicators of increased risk, insect activity, new subdivisions/structures, smoke requirements, Complexity Analysis Rating.*	**YES** ○	**NO** ◉
B. Have compliance requirements and pre-burn considerations been completed? *Such as preparation work, NEPA mitigation requirements, cultural, threatened and endangered species, smoke permits, state burn permits/authorizations.*	**YES** ◉	**NO** ○
C. Can all of the elements and conditions specified in Prescribed Fire Plan be met? *Such as weather, scheduling, smoke management conditions, suitable prescription window, correct season, staffing and organization, safety considerations, etc.*	**YES** ◉	**NO** ○
D. Are processes in place to ensure all internal and external notifications and media releases will be completed?	**YES** ◉	**NO** ○
E. Have key agency staffs been fully briefed about the implementation of this prescribed fire?	**YES** ◉	**NO** ○
F. Are there circumstances that could affect the successful implementation of the plan? *Such as preparedness level restrictions, resource availability, other prescribed fire or wildfire activity*	**YES** ○	**NO** ◉
G. Have you communicated your expectations to the Burn Boss and FMO regarding if and when you are to be notified that contingency actions are being taken? **See Element 17*	**YES** ◉	**NO** ○
H. Have you communicated your expectations to the Burn Boss and FMO regarding decisions to declare the prescribed fire a wildfire? **See Element 18*	**YES** ◉	**NO** ○

ELEMENT 2A: AGENCY ADMINISTRATOR IGNITION AUTHORIZATION- Continued

Implementation Recommended by:

FMO or Prescribed Fire Burn Boss Signature: _____ Date: _____

Implementation Recommended by:

FFMO or Forest Duty Officer Signature: _____ Date: _____

I am authorizing initial or continued ignition of this prescribed fire for the Operational Period (24 hours) starting _____, and a new 2A Authorization will be required for any subsequent or continued ignitions. It is my expectation that the project will be implemented within this time frame and as discussed and documented and attached to this plan. If the key items discussed change during this time frame, it is my expectation you will brief me on the circumstances and an updated authorization will be negotiated if necessary.

Additional Instructions or Discussion Documentation attached (Optional): Yes No

Local Unit Line Officer Concurrence (if not the qualified approver):

Line Officer Signature and Title: _____ On Unit: ☐

Ignition Authorized by:

Agency Administrator Signature and Title: _____ On Unit: ☐

ELEMENT 2B: PRESCRIBED FIRE GO/NO-GO CHECKLIST	Circle Y/N	
A. Have conditions in or adjacent to the ignition unit changed, (for example: drought conditions or fuel loadings), which were not considered in the prescription development? If **NO** proceed with the Go/NO-GO Checklist below, if **YES** go to item B.	YES	NO
B. Has the prescribed fire plan been reviewed, and an amendment been approved; or has it been determined that no amendment is necessary? If **YES**, proceed with checklist below. If **NO, STOP: Implementation is not allowed. An amendment is needed.**	YES	NO
C. The experience, qualifications, internal/external pressures, and fatigue levels of the implementation team has been evaluated, and identified concerns have been satisfactorily mitigated? (Note: use USFS Risk Calculator Mobile Application, IRPG Risk Management Process, Tailgate Safety Sheet, or similar tool to structure the assessment) If **YES,** proceed with checklist below. If **NO**, **STOP**: Confer with AA and do not proceed with implementation until concerns are addressed.	YES	NO

GO/NO-GO Checklist	Circle Y/N	
• Have ALL permits and clearances been obtained?	YES	NO
• Have ALL the required notifications been made?	YES	NO
• Have ALL the pre-burn considerations and preparation work identified in the prescribed fire plan been completed or addressed and checked?	YES	NO
• Have ALL required current and projected fire weather forecast been obtained and are they favorable through ignition, holding, and mop-up/control phases of the project?	YES	NO
• Are ALL prescription parameters met?	YES	NO
• Are ALL smoke management specifications met?	YES	NO
• Are ALL planned operations personnel and equipment on-site, available, and operational?	YES	NO
• Has the availability of contingency resources applicable to today's implementation been checked and are they available? If Moderate or High complexity, are those contingency resources required for an initial suppression response, beyond the resources implementing the prescribed fire, (the minimum compliment of contingency resources) able to respond within 30 minutes?	YES	NO
• Have ALL personnel been briefed on the project objectives, their assignment, safety hazards, escape routes, and safety zones?	YES	NO
If all the questions were answered "**YES**" proceed with a test fire. Document the current conditions, location, and results. If any questions were answered "**NO**", DO NOT proceed with the test fire: Implementation is not allowed. After evaluating the test fire, in your judgment can the prescribed fire be carried out according to the prescribed fire plan and will it meet the planned objective?	YES	NO

Burn Boss Signature: _____ Date: _____

UTV Torch Go/No-Go Checklist
(Reference: PMS 443[26])

Go/No-Go Checklist	Circle Yes or No	
Has operation been covered under a current job hazard analysis or risk assessment, or has it been addressed in the complexity analysis of the prescribed fire plan?	**Yes**	**No**
Are the driver's and operator's qualifications documented on an OF-346?	**Yes**	**No**
Do the driver and operator meet the requirements listed in PMS 443?	**Yes**	**No**
Are the fire extinguisher (10 pounds minimum), hand tool, winch, and water tank (25 gallons minimum) inspected, operational, and readily accessible?	**Yes**	**No**
Have the UTV torch's wick, wand, hoses, fittings, fuel cap, retaining pins and mounting bracket been inspected for wear and functionality?	**Yes**	**No**
Has a current load calculation been completed and added to the project file?	**Yes**	**No**
Have the driver and operator been briefed on the ignition plan?	**Yes**	**No**
Is there a dedicated, operational mobile radio onboard, and have communications been established with all resources on the project?	**Yes**	**No**

If all questions were answered "yes," proceed with the operation. Document any changes. If ***any*** question was answered "no," ***do not*** proceed until corrective action is taken.

Driver's Signature:_____Date:_____

Operator's Signature:_____ Date:_____

ELEMENT 4: DESCRIPTION OF PRESCRIBED FIRE AREA

A. Physical Description

1. Location: Winn Parish, Louisiana
   Latitude (middle of burn): N 31^0 55' 54"
   Longitude (middle of burn): W 92^0 49' 13"
   Township 11 N Range 4 W Section 7
   Township N Range W Sections

2. Size: 21 ac

3. Topography: Elevation (feet) Top 240
   Bottom 200
   Flat

4. Project Area: Site Prep in C- 50

B. Vegetation/Fuels Description:

1. On-site fuels data:
   a. Overstory: None

   b. Understory: Grassy understory with hardwood brush, vines, saplings and yaupon.

   c. Fuels: Grass, forbs, timber litter, brush, and logging slash. Clearcut that has been chopped, SB1.

   Burn History None

2. Adjacent fuels data: FS lands have no burn history. The private lands bordering the burn unit are interspersed with homes, structures, and wildland fuels consisting of thinned and un-thinned young pine stands, and cutovers naturally regenerated with loblolly and hardwood. The Forest Service property located adjacent to the burn is mature and immature longleaf and loblolly sawtimber with a similar burn history to the current unit.

3. Percent of vegetation type and fuel model(s): SB1– 100%

C. Description of Unique Features, Natural Resources, Values

A single blade width line will be used along private land lines and regeneration areas to be protected, except where roads, streams and natural barriers are adequate for control. Heavy fuel accumulation will be pushed away from the lines during line preparation. Construct waterbars and turnouts on lines with slope and construct a diversion berm 50 feet from stream channels during line preparation or as soon as practical.

Red cockaded Woodpeckers:

None

Sensitive Plants:

None

Heritage Resources:

Prescribed burns and the use of previously established firelines in areas which have previously been burned fall under the Kisatchie National Forest Programmatic Agreement (KNF PA) list of undertakings exempt from Section 106 review. As such, no additional cultural clearance is needed for the above activities. However, the Zone Archaeologist will be notified prior to planned burn if new firelines are required or post burn if new dozer line was pushed.

Recreation and Public Concerns:

Public concern should be limited to visitor use restrictions during implementation and nuisance smoke along road ways for a short time during and after the burn. The Gum Springs Horse Trail runs through the burn unit. Notifications will be made at the trailhead and burn boss discretion will be used to determine if a small section of trail may need to be closed during implementation.

Wells & Oil/Gas Infrastructure:

None

Prescription Parameters:

Prescribed Fire Parameters and On-Site Observations

	Regional or Forest Standard	RxBP Prescription 1/	General Forecast 2/	Test Fire 3/	Post Fire 3/	Post Fire 3/	Post Fire 3/	Post Fire 3/
Date/Time								
Fuel Model		SB1						
10 HR Fuels %	_ _	≥6% RAWS ≥8% Canopy						
Temperature (F)		100						
Relative Humidity %	≥20% 4/	20-70% 4/						
20 Ft Wind (mph)	≤20	≤25		------	------	-----	-------	-------
20 Ft Wind Direction		Any		------	------	-----	-------	-------
Eye level Wind Speed – on site								
Eye level Wind Direction – on site								
Transport Wind Speed (M/S)	≥4 m/s	≥4 m/s						
Transport Wind Direction		Any						
Mixing Height (M)	≥500 m	≥500 m						
Burning Index – BI	_	≤54						
Probability of Ignition (%)		<71						
KBDI	_	≤750						
Days Since Rain	_	≤28						
Amount (Inches)	_	≥0.25						

Request spot weather and hy-split through Shreveport NWS

1/	All prescription items to be completed at planning time.
2/	General forecast items are to be completed on the day of the burn. Fire weather forecasts are to be attached to RxBP.
3/	Test fire required and post fire weather parameters must be taken on-site
4/	RH predicted between 20-24 % requires R.O. approval.

Closest NFDRS Station: #161902 Gum Springs

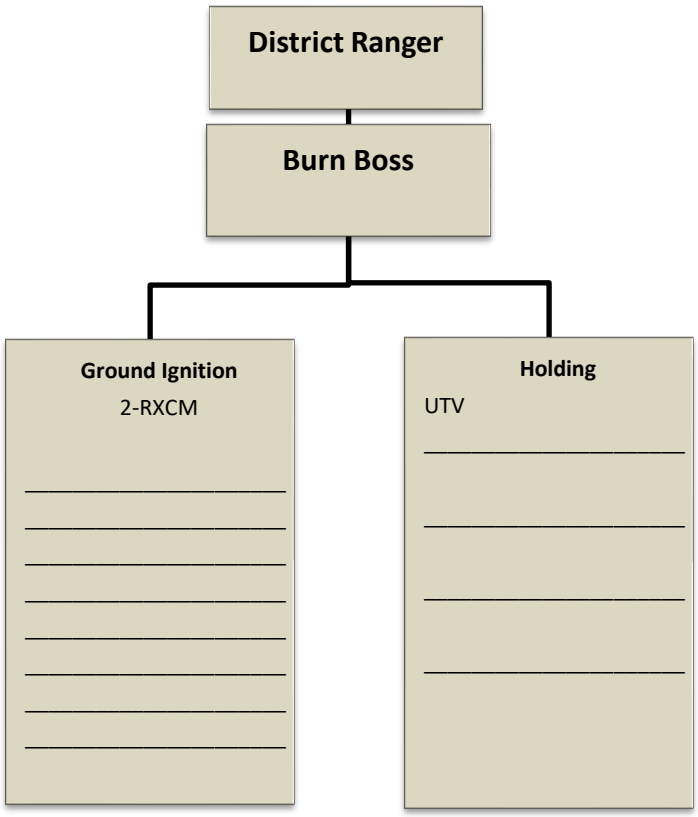
Notifications:

Name:	Contact Method:	Completion date/whom:
Winn Parish Sherriff	**318-628-4611**	
LDOF – Jena	**318-992-1400**	
Pineville Dispatch	**318-473-7035**	

ELEMENT 19: SMOKE MANAGEMENT AND AIR QUALITY

Smoke Sensitive Receptors:	S – LA 501, LA 126 SW – LA 501, LA 505LA 126 W – LA 501, LA 1232, LA 505, US 167 NW – Calvin, LA 156, LA 501, US 84 N – LA 156, US 84 NE – LA 156 E – LA 156, LA 1233, LA 479, Goldonna SE – LA 1233, Goldonna
Potential Impacted Areas:	Residents and visitors along highways may experience short duration smoke impacts during ignition operations or nighttime smoke settling down creeks and drainages. No class I air sheds, restricted areas or non-attainment areas are expected to be impacted.
Mitigation Strategies and Techniques to Reduce Smoke Impacts:	Adhere to burn plan prescription for smoke dispersion. Start the Rx burn as early as possible in the day to allow the smoke to disperse and dissipate. Signs will be posted along roads during ignition operations in critical areas. Monitor smoke column. Patrols will be made during and after burn until area is safe to leave.

Appendix F: Organization Chart



Appendix G: Post Burn Evaluation

1. Date: _____ Date: _____
   (Immediately after burn) (Later date as needed)
2. * Amount Litter Left: _____ (In inches)
3. Understory Vegetation Consumed (%) _____ (Estimate % consumed)
4. Scorch: % of Area with Crown Scorch of 1/3 _____ 1/3 – 2/3 _____ 2/3 + _____
   (Estimate % of crown scorch and % of area affected)
5. * Spotting / Jumpovers: _____ (Document any spots or jumpovers)
6. Tree Damage (insects, disease, mortality): _____
   (For later evaluation)
7. Understory kill of Undesired Vegetation (%) _____ (Estimate % Top-Killed)
8. *Any Smoke Management violations: _____
   _____ (Highway or communities smoked in; visibility standards exceeded)
9. Any Escape: _____
   _____
   (Significant escapes that require considerable effort to contain or declared wildfire)
10. *Any Complaints (Explain): _____
    _____
    _____ (From Whomever)
11. Adverse Effects: _____ (Undesirable resource damage occurred)
12. Restoration Needed: _____ (Erosion Control or Replanting)
13. Objectives Met (Results): _____
    _____
    _____
    (Describe in Enough Detail to determine fire was effective/efficient) (% of objectives met/or numerical score entered here)

Evaluation By: _____ Date: _____ (Immediately after Burn)

14. Recommendation for future evaluation: _____
    _____
    (Identify specific needs or resources affected)

Evaluation By: _____ Date: _____ (Immediately after Burn)

* Evaluate Immediately After Burn Attach additional sheets as necessary

Appendix D: FIRE USE BRIEFING & TAILGATE SAFETY CHECKLIST

Date of briefing:		**Time of briefing:**	
Briefing conducted by			
Attendance:	*(Suggest signatures of all attendees)*		

Items discussed (check appropriate categories)

☐ **Burn Organization**
☐ **Burn Objectives**
☐ **Description of Burn Area**
☐ **Expected Weather & Fire Behavior**
☐ **Communications**
☐ **Ignition plan**
☐ **Holding Plan**
☐ **Contingency Plan**
☐ **Wildfire Conversion**
☐ **Safety and Medical**
☐ **Aerial ignition briefing (if aerial ignition devices will be used)**

MEDICAL PLAN (ICS 206 WF)

Medical Incident Report

FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.

FOR A MEDICAL EMERGENCY: IDENTIFY ON SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.

Use the following items to communicate situation to communications/dispatch.

1. CONTACT COMMUNICATIONS / DISPATCH **(Verify correct frequency prior to starting report)**
   Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."
2. INCIDENT STATUS: *Provide incident summary (including number of patients) and command structure.*
   Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care."

Severity of Emergency / Transport Priority	☐ RED / PRIORITY 1 Life or limb threatening injury or illness. Evacuation need is IMMEDIATE *Ex: Unconscious, difficulty breathing, bleeding severely, 2º – 3º burns more than 4 palm sizes, heat stroke, disoriented.* ☐ YELLOW / PRIORITY 2 Serious Injury or illness. Evacuation may be DELAYED if necessary. *Ex: Significant trauma, unable to walk, 2º – 3º burns not more than 1-3 palm sizes.* ☐ GREEN / PRIORITY 3 Minor Injury or illness. Non-Emergency transport *Ex: Sprains, strains, minor heat-related illness.*	
Nature of Injury or Illness & Mechanism of Injury		*Brief Summary of Injury or Illness (Ex: Unconscious, Struck by Falling Tree)*
Transport Request		*Air Ambulance / Short Haul/Hoist Ground Ambulance / Other*
Patient Location		*Descriptive Location & Lat. / Long. (WGS84)*
Incident Name		*Geographic Name + "Medical" (Ex: Trout Meadow Medical)*
On-Scene Incident Commander		*Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)*
Patient Care		*Name of Care Provider (Ex: EMT Smith)*

3. INITIAL PATIENT ASSESSMENT: *Complete this section for each patient as applicable (start with the most severe patient)*

Patient Assessment: See IRPG page 106

Treatment:

4. TRANSPORT PLAN:

Evacuation Location (*if different*): (*Descriptive Location (drop point, intersection, etc.) or Lat. / Long.*) Patient's ETA to Evacuation Location:

Helispot / Extraction Site Size and Hazards:

5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:

Example: Paramedic/EMT, Crews, Immobilization Devices, AED, Oxygen, Trauma Bag, IV/Fluid(s), Splints, Rope rescue, Wheeled litter, HAZMAT, Extrication

6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable

Function	Channel Name/Number	Receive (RX)	Tone/NAC *	Transmit (TX)	Tone/NAC *
COMMAND					
AIR-TO-GRND					
TACTICAL					

7. CONTINGENCY: ***Considerations:*** ***If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead.***

8. ADDITIONAL INFORMATION: *Updates/Changes, etc.*

REMEMBER: Confirm ETA's of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.

Activity Log	**site prep**	**Date**

Time	**Event**
	Test Fire Results:
Burn Boss	