Date: September 2020

Version:

IN-SITU BURN CHECKLIST

This checklist has been created for the use of in-situ burn with Region 8. The checklist can be used for either burns that use a burn agent (chemical agent) and those that do not. Please note that since a burn agents/additives are considered chemical countermeasures and are subject to approval as such. This checklist primary focuses on impacts associated with fire/burning (not chemical agent impacts).

DATE OF REQUEST:
NAME OF INCIDENT:
DATE/TIME OF INCIDENT:
NAME OF PRODUCT: (Specific gravity, API or MSDS attached if available)
DESCRIPTION OF INCIDENT:
VOLUME SPILLED:
VOLUME TO BE BURNED:
OIL THICKNESS TO BE BURNED:
DESCRIPTION AND SIZE OF AREA TO BE BURNED AND WEATHER CONDITIONS (include location of proposed burn with respect to spill source, an attached map of the area in question would be helpful):

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WETLAND, RIPARIAN TYPE AND DOMINANT PLANT SPECIES:		
HEALTH AND SAFETY CONCERNS (include population in area, nearby sensitive areas such as schools, nursing homes and hospitals and expected impacts of the burn on them):		
ENVIRONMENTAL CONCERNS (include water depth if wetland, presence of migratory waterfowl or threatened or endangered animal and plant species, other wildlife or important flora, other sensitive areas such as parks and expected impacts of the burn on them):		
ADDITIONAL CONCERNS (such as cross border issues and also include strategy for communicating with the public, elected officials and press if necessary):		
STATE/LOCAL AIR QUALITY APPROVAL (name, title and number):		
LAND OWNER NOTIFIED (name and number):		
LOCAL LAW ENFORCEMENT/FIRE DEPARTMENT NOTIFIED (name and number):		

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concurrences and consultations):	'S (include DOI, US	rs and tribal contacts and RR1
SITE SAFETY PLAN COMPLETED:	YES	NO
DESCRIPTION OF OPERATIONS (include fireschedule (including date and time), and monitoring plan and the method to recover resident	ing as well as Post B	, , , , , , , , , , , , , , , , , , , ,
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