



MNCC Prescribed Burn Notification

Use this form to notify MNCC Intelligence 24 hours in advance of any planned prescribed burns.

Email RX Burn Notification to: mnmncc_intel@firenet.gov

Today's Date: _____

Planned Ignition Date: _____ Planned Duration: _____

RX Name: _____

Unit ID: _____

Responsible Dispatch Center: _____

RX Point of Contact – Name: _____

RX Point of Contact – Contact Number: _____

RX Latitude: _____ RX Longitude: _____

Resources Committed to RX: _____

Contingent Resources: _____

Short description to nearest city or town: _____

Planned RX size (acres): _____ Fuel Model: _____

Burn Strategy: Broadcast _____ Piles _____

Relevant NWS: _____

RX Burn Prescription:

Wind Direction: _____ Wind Speed: _____ Min RH: _____

Do you plan to use aerial ignition? Yes _____ No _____

Date Complete: _____ Acres Complete: _____

Known Smoke Complaints: _____

*** The Minnesota Smoke Management Plan requires that all smoke complaints from prescribed fires are tracked and reported to the Minnesota Pollution Control Agency. ***