



NSW Rural Fire Service

Pile Burn Check List

Owner/Occupier Name:	Burn Date:
Location:	
Officer In Charge:	Signature:

APPROVALS & NOTIFICATIONS			
<input type="checkbox"/> Environmental Approval Completed (Hazard Reduction Certificate or Other), if required			
<input type="checkbox"/> Land owner/occupier request for RFS assistance letter completed			
<input type="checkbox"/> 24 hours notice given to neighbouring land owners/occupiers			
BURN CHARACTERISTICS			
Number of Piles:		Vehicle access: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected Duration of Burn:			
WEATHER (at time of ignition)			
Temp: °C	Wind speed: km/hr	Wind Direction:	Relative Humidity: %
APPLIANCES & PERSONNEL IN ATTENDANCE			
<input type="checkbox"/> Cat 1 x ____ <input type="checkbox"/> Cat 2 x ____ <input type="checkbox"/> Cat 7 x ____ <input type="checkbox"/> Cat 9 x ____ <input type="checkbox"/> Personnel Carrier x ____			
<input type="checkbox"/> Other _____			
Number of Personnel:			
ON THE DAY CHECKS			
Inspection of burn area completed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Weather forecasts received	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Smoke management considered	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Crew briefed (SMEACS)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Firecom notified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
PATROL			
Landowner/ Occupier to monitor and patrol: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Landowner/ Occupier Name:			
Contact Number:			
Handover Time:			
Status of Pile/s at time of handover:			
NOTES			



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BURN CHARACTERISTICS			
Area:		Vehicle access: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected Duration of Burn:		Control lines in place: <input type="checkbox"/> Yes <input type="checkbox"/> No	
WEATHER (at time of ignition)			
Temp: °C	Wind speed: km/hr	Wind Direction:	Relative Humidity:
APPLIANCES & PERSONNEL IN ATTENDANCE			
<input type="checkbox"/> Cat 1 x ____ <input type="checkbox"/> Cat 2 x ____ <input type="checkbox"/> Cat 7 x ____ <input type="checkbox"/> Cat 9 x ____ <input type="checkbox"/> Personnel Carrier x ____			
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PATROL			
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Landowner/ Occupier Name:			
Contact Number:			
Handover Time:			
Status of burn at time of handover:			
NOTES			