

# **Bureau of Indian Affairs**

## **Wildfire Prevention Plan Peer Review Checklist**

This is the Bureau of Indian Affairs, Wildfire Prevention Plan Peer Review Checklist. It is provided as described in the BIA's Wildfire Prevention Handbook, on page twenty-five. It is used by the WUI/Prevention Specialists, to evaluate the level of compliance, with the standards for fundable Wildfire Prevention Plans, as established in the BIA Prevention Handbook (90 IAM Chapter 5-H). It can also be used by the author of a wildfire prevention plan, as a self-check, to determine the completeness of the prevention plan.

It has no other, reasonable application.

This page is not a part of the Prevention Plan Peer Review Checklist.

It uses images of the Peer Review Checklist. The images cannot be edited, by design. For those needing assistance in viewing the images, alternate text is provided, that details the contents of each page. It is intended to be printed to paper, and, completed by hand, during the review.

If an editable version of the Peer Review Checklist is needed, please contact a regional WUI/Prevention Specialist. The WUI/Prevention Specialists are located as follows:

- Northwest and Pacific Regions are served by the Northwest Regional Office in Portland, Oregon. Phone: (503) 231-6806.
- Midwest and Eastern Regions are served by the Midwest Regional Office in Bloomington, MN. Phone: (612) 965-3745.
- Rocky Mountains and Great Plains Regions are served out of the Rocky Mountains Regional Office in Billings, Montana. Phone: (406) 247-7906.
- Navajo, Western, and Southwest Regions are served out of the Southwest Regional Office in Albuquerque, New Mexico. Phone: (505) 563-3375
- Southern Plains and Eastern Oklahoma Regions are served out of the Oklahoma Fire Center in Oklahoma City, Oklahoma. Phone: (405) 609-8872.

## Prevention Plan Review Check List (Version 1.2-4/5/19)

Agency/Tribe \_\_\_\_\_ Region \_\_\_\_\_ Date of Review \_\_\_\_\_

Plan Author \_\_\_\_\_ WUI/Prev. Spclst. \_\_\_\_\_ Reviewer \_\_\_\_\_

Instructions: Complete this checklist by hand, in blue ink. Answer each question as indicated. Use the check box at the left to designate items that must be corrected.

Is this a new WFPP \_\_\_\_\_ or a Revised WFPP \_\_\_\_\_

- Does this plan appear to follow the "Standard Outline"? Yes \_\_\_ No \_\_\_  
 Are the pages numbered? Yes \_\_\_ No \_\_\_

### Analysis Section

- What Document is this plan tiered to? Page # \_\_\_
- Does the plan contain "SMART" objectives for prevention? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is one objective for reduced occurrence measurable? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is one objective a "tribal" objective? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Was a collaborative process used and described? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Does it meet the CWPP Equivalency standards? Yes \_\_\_ No \_\_\_
- Is there a basic description of the planning unit? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is the fire history discussed? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is the primary cause(s) identified? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Was WFMI data used? Yes \_\_\_ No \_\_\_
- Is Table 1 – Fire History present? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a discussion of the history of prevention efforts? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is the most recent Program Review referenced (if required)? Yes \_\_\_ No \_\_\_
- Is a Prevention Strategy described? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Does the prevention strategy address the primary cause? Yes \_\_\_ No \_\_\_
- Is there a description of the FMU Risk Assessment? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is Table 2 – Composite FMU Assessment Rating present? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a discussion of the Community Assessment? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is Table 3 – Composite Community Assessment Ranking present? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a discussion of fuels conditions? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Are the required prevention options described? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a narrative describing the Workload Analysis Table? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is Table 4 – Prevention Workload Analysis present? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a narrative describing the Effectiveness Analysis Table? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is Table 5 - Effectiveness Table present? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a narrative describing the proposed budget? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is Table 6 – Budget Summary present? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is Table 7 – Expense Items present? Yes \_\_\_ No \_\_\_ Page # \_\_\_
- Is there a discussion of the Cost - Benefit analysis? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is Table 8 –Cost - Benefit Analysis required? If required, is Table 8 present? Yes \_\_\_ No \_\_\_ Page # \_\_\_

### Implementation Section

#### Program Policy Requirements

- Is there documentation of Program Support? Yes \_\_\_ No \_\_\_ Page# \_\_\_  
Is a copy provided in Appendix A or B? Yes \_\_\_ No \_\_\_ Apx. \_\_\_
- Is the Burn Permit System in place? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is it functional? Yes \_\_\_ No \_\_\_
- Is a copy provided in Appendix F? Yes \_\_\_ No \_\_\_
- Do Fire Investigation Policies/Procedures exist? Yes \_\_\_ No \_\_\_ Page# \_\_\_  
Is a copy provided in Appendix G? Yes \_\_\_ No \_\_\_
- Is the Law Enforcement/Fire Investigation SOP in place? Yes \_\_\_ No \_\_\_ Page # \_\_\_  
Is a copy provided in Appendix C? Yes \_\_\_ No \_\_\_

**Prevention Actions**

- |  |                         |            |
|--|-------------------------|------------|
| <input type="checkbox"/> Are there narrative descriptions for the General Actions?     | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Is Table 9 – General Actions provided?                        | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Are there narrative descriptions for the Specific Actions?    | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Is Table 10 – Specific Actions provided?                      | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Are there narrative descriptions for the Community Actions?   | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Is Table 11 – Community Actions provided?                     | Yes ___ No ___          | Page # ___ |
| <input type="checkbox"/> Do the totals from these tables match those in Table 4?       | Yes ___ No ___          |            |
| <input type="checkbox"/> Are structural ignitability mitigation options discussed?     | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Is Table 12 – Structural Ignitability provided?               | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Are hazardous fuel treatment areas discussed and prioritized? | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Are fuel treatment types and methods to be used discussed?    | Yes ___ No ___          | Page# ___  |
| <input type="checkbox"/> Is the Annual Planning Calendar discussed?                    | Yes ___ No ___          | Page # ___ |
| <input type="checkbox"/> Is the Annual Planning Calendar included in Appendix O?       | Yes ___ No ___          | Page # ___ |
| <input type="checkbox"/> Are the required supporting plans discussed?                  | Yes ___ No ___          | Page # ___ |
| If yes, are they provided as drafts or developed?                                      |                         |            |
| Sign Plan  | Draft ___ Developed ___ |            |
| Patrol Plan  | Draft ___ Developed ___ |            |
| Communications Plan  | Draft ___ Developed ___ |            |
| Preparedness/Readiness Plan  | Draft ___ Developed ___ |            |
| Restrictions Plan  | Draft ___ Developed ___ |            |
| Additional Required Plans  |                         |            |
| _____  | Draft ___ Developed ___ |            |
| _____  | Draft ___ Developed ___ |            |
| <input type="checkbox"/> Is the Program Accountability discussed?                      | Yes ___ No ___          | Page # ___ |
| Are deadlines for accomplishment reports prescribed?                                   | Yes ___ No ___          |            |

**Appendices**

- |  |                |
|--|----------------|
| Is the standard list of Appendices followed?                 | Yes ___ No ___ |
| A. Documentation of program support                          | Yes ___ No ___ |
| B. Documentation of tribal support                           | Yes ___ No ___ |
| C. LEO SOP   | Yes ___ No ___ |
| D. Planning Model printouts                                  | Yes ___ No ___ |
| E. Preparedness Plan   | Yes ___ No ___ |
| F. Burn Permit System  | Yes ___ No ___ |
| G. INVf Policies and Procedures                              | Yes ___ No ___ |
| H. The Restrictions Plan                                     | Yes ___ No ___ |
| I. Smokey Bear Guidelines                                    | Yes ___ No ___ |
| J. Accomplishment Reporting Forms                            | Yes ___ No ___ |
| K. Inspection Forms  | Yes ___ No ___ |
| L. Communications Plan                                       | Yes ___ No ___ |
| M. Patrol Plan   | Yes ___ No ___ |
| N. Sign Plan   | Yes ___ No ___ |
| O. Annual Planning Calendar                                  | Yes ___ No ___ |
| P. Recommended Position Description(s)                       | Yes ___ No ___ |
| Q. Electronic Copy of WFPP (Word processing and PDF formats) | Yes ___ No ___ |

**Policy Compliance**

- What is the Cost - Benefit Ratio? \_\_\_\_\_  
Is fire history from alternative sources used? Yes\_\_\_ No \_\_\_  
Is the use of alternative sources of fire history justified? Yes\_\_\_ No \_\_\_
- Is the most cost-effective option selected? Yes\_\_\_ No \_\_\_
- Is the recommended grade level or Standard Position Description appropriate for the complexity of the unit? Yes\_\_\_ No \_\_\_
- How many positions are requested? \_\_\_\_\_
- Are the "Communities at Risk" addressed in the Community Actions? Yes\_\_\_ No \_\_\_
- Is there a favorable program review? Yes\_\_\_ No \_\_\_
- Does the signature page contain spaces for the 4 or 5 required signatures Yes\_\_\_ No \_\_\_

**Overall Plan Quality**

- Are consistent numbers used throughout the plan for:  
Cost- Benefit? Yes\_\_\_ No \_\_\_  
Program Cost? Yes\_\_\_ No \_\_\_  
Proposed Workloads? Yes\_\_\_ No \_\_\_
- Are the Planning Model printouts consistent with  
The Workload Analysis? Yes\_\_\_ No \_\_\_  
Effectiveness tables? Yes\_\_\_ No \_\_\_  
Community Rankings? Yes\_\_\_ No \_\_\_  
General Actions? Yes\_\_\_ No \_\_\_  
Specific Actions? Yes\_\_\_ No \_\_\_  
Community Actions? Yes\_\_\_ No \_\_\_
- Is the grammar and punctuation acceptable, overall? Yes\_\_\_ No \_\_\_

**Identified required corrections:** [ Check Here If no Corrections are Needed  ]

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

If the above corrections are made, will this WFPP comply with Agency Policy? Yes\_\_\_ No \_\_\_  
 If the above corrections are made, will this WFPP be equivalent to a CWPP? Yes\_\_\_ No \_\_\_

This WFPP is: Policy Complaint and Approvable\_\_\_\_\_; Approvable pending changes with no re-review\_\_\_\_\_; Not approvable as written and needs to be corrected, then re-reviewed\_\_\_\_\_.

Printed Name of Reviewer \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY BWFM**

Total Funding Requested \_\_\_\_\_ Total Funding Approved \_\_\_\_\_  
 Indirect Cost Rate \_\_\_\_\_ Indirect Costs \_\_\_\_\_  
 Total Funding Required \_\_\_\_\_ Date Funding Approved \_\_\_\_\_