Prevention Plan Review Check List (Version 1.3-6/30/22)

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 # ____

☐ 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 Management Unit (MU)?   Yes ___No ___   Page # ____

☐ Is the fire history discussed?   Yes ___No ___   Page # ____

    Is the primary cause(s) identified?   Yes ___No ___   Page # ____

☐ Is there a discussion of historical prevention efforts?   Yes ___No ___   Page # ____

☐ Is a Prevention Strategy described?   Yes ___No ___   Page # ____

    Does the prevention strategy address the primary cause?   Yes ___No ___

☐ Is there a description of the MU Risk Assessment?   Yes ___No ___   Page # ____

    Is Table 1 – Composite Prevention Unit Assessment Summary present?   Yes ___No ___   Page # ____

☐ Is there a discussion of the Community Assessment?   Yes ___No ___   Page # ____

    Is Table 2 – Composite Community Assessment Ranking present?   Yes ___No ___   Page # ____

☐ Is there a discussion of fuels conditions?   Yes ___No ___   Page # ____

☐ Is there a discussion of Structural Ignitibility?   Yes ___No ___   Page # ____

    Is Table 3 – Structural Ignitability Present?   Yes ___No ___   Page # ____

☐ Are the prevention Scenarios 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 # ____

_

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

☐ Are there narrative descriptions for the General Actions? Yes___No ____ Page # ___
  Is Table 8 – General Actions provided? Yes___No ____ Page # ___
☐ Are there narrative descriptions for the Specific Actions? Yes___No ____ Page # ___
  Is Table 9 – Specific Actions provided? Yes___No ____ Page # ___
☐ Are there narrative descriptions for the Community Actions if used? Yes___No ____ Page # ___
  Is Table 10 – Community Actions provided if used? Yes___No ____ Page # ___
☐ Do the totals from these tables match those in Table 4 Yes___No ____
☐ Are structural ignitability mitigation options discussed? Yes___No ____ Page # ___
☐ Are hazardous fuel treatment areas discussed and prioritized? Yes___No ____ Page # ___
☐ Are fuel treatment types and methods to be used discussed? Yes___No ____ Page # ___
☐ Is the Annual Planning Calendar (YAP) included in Appendix O? Yes___No ____
☐ 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 ___

☐ 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. 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

☐ 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 Risk Assessment?   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:
   Benefit-Cost?   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 _____