**IDAHO DEPARTMENT OF LANDS**

**FIRE HAZARD MANAGEMENT INSPECTION REPORT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Agreement Number: | |  | | Date Inspection Requested: | | | | | | |  | | | | Total Volume Removed: | | | | |  |
| Contractor: |  | | | | | | Landowner: | | | | |  | | | | | | | | |
| Operator: |  | | | | | | Legal Description: | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| HAZARD CHARACTERISTICS | | | | |  | POINTS |  | | If treatment is unsatisfactory or incomplete or a Cash Bond Release (partial clearance) is approved, the inspector must complete a map of the operating area which shows:   1. Property or cutting boundaries, main haul roads, major ridges, streams, and such secondary roads and skid trails as are necessary to show the deficient areas. 2. Deficiencies:     Disposal XXXXX  Modification \*\*\*\*\*\*\*\*\*  Isolation: Fuel Breaks 0000000  Fire Line ------------  Access Control X--------X  Water Availability W | | | | | | | | | | | |
| Fuel Quantity  (Must exceed 5 points to continue.) | | | | |  |  |  | |
| Site Factor | | | | |  |  |  | |
| Unit Size | | | | |  |  |  | |
| Other Factors | | | | |  |  |  | |
| TOTAL POINTS | | | | |  |  |  | |
|  | | | | |  |  |  | |
| HAZARD OFFSETS | | | | |  | POINT DEDUCTION |  | |
| Disposal | | | | |  |  |  | |
| Modification | | | | |  |  |  | |
| Isolation: Fuel Breaks | | | | |  |  |  | | **N** | | | | | | | | | | | |
| Fire Lines | | | | |  |  |  | | |  | | | |  | |  | | |  | |
| Access Control | | | | |  |  |  | | |
| Availability of Water | | | | |  |  |  | | |
| TOTAL POINT DEDUCTIONS | | | | |  |  |  | | |  | | | |  | |  | | |  | |
| **\*TOTAL HAZARD POINTS** | | | | |  |  |  | | |
| \*Must be 5 or less to obtain a Clearance | | | | |  |  |  | | |
| REMARKS: | | | | | | |  | | |  | | | |  | |  | | |  | |
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|  | | | | | | |  | | | Scale: | | | | | | | | | | |
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|  | | |  | | | |  | Inspector | | | | | | | | |  | Date | | |