City of Albuquerque

Environmental Health Department

Air Quality Division

11850 Sunset Gardens S.W., Albuquerque, New Mexico 87121
Phone: (505) 768-1972 Fax: (505) 768-1977

Smoke Tracking Form
Open Burning of Prescribed Fire and Prescribed Natural Fire Areas

Pursuant to 20.11.21.15.B(4) and 20.11.21.15.C (9), this form is to be completed the day of the burn and shall be submitted to the Department within two weeks following completion of burn project. For PB-II burns, fill out one (1) form per day and observations for PB-I and PB-II should be taken and recorded hourly during primary burn period.

Date(s) of prescribed burn: _____ Burn Name: _____ ID Number: 04-_____

Daily Accomplishment (acres): _____

	Visual Observations					Plume Dispersion		Wind Observations	
Hour	**Color**	**Density**	**Volume**	**Duration**	**Other**	**Compass Direction**	**Vertical Dispersion**	**Mid Flame**	**20 ft winds**