



BILL RICHARDSON
Governor

State of New Mexico
ENVIRONMENT DEPARTMENT

Air Quality Bureau
2048 Galisteo St.
Santa Fe, NM 87505
Phone (505) 827-1494
Fax (505) 827-1543
www.nmenv.state.nm.us



RON CURRY
Secretary

DERRITH WATCHMAN-MOORE
Deputy Secretary

Smoke Management Program

Wildfire Reporting Form

Fire Name: _____ ID # (will be given after you submit this form. Write it down and keep for your records)

Dates of Fire: Start _____
End _____ (if known)

Total acres burned: _____

CONTACT INFORMATION

Name: _____ Phone: _____

Agency/Company Name (if applicable): _____

Address: _____ FAX (if available) _____

City: _____ E-mail (if available) _____

State: _____ Zip: _____

Project type: Federal State Municipal Private (check all that apply)

FIRE LOCATION INFORMATION (Locational data is 1 point for the center of the burn area.)

County _____ Elevation (feet) _____

Latitude _____ Degrees _____ Minutes _____ Seconds

Longitude _____ Degrees _____ Minutes _____ Seconds

If latitude/longitude is not available, you can provide UTM or Township, Range, and Section instead.

UTM Easting _____ UTM Northing _____ UTM Zone _____

Township _____ Range _____ Section _____

ACREAGE AND FUEL LOADING (No decimals, use whole numbers only. Leave blank if zero.)

Vegetation Type	Acres	Loading (tons/acre)	% Consumption
Grass			
SHRUB:			
Sagebrush			
Chaparral			
Heading Chaparral			
FOREST:			
Hardwood			
Mixed Conifer			
Douglas Fir			
Broadcast Ponderosa Pine			
Broadcast Juniper			
Heading Pine			
Backing Pine			

Comments: _____

