New Mexico Smoke Management Program
Smoke Visual Monitoring Form

Burn Name: _____ Burn ID #: _____

Does this burn have a waiver for ventilation category? ☐ Yes ☐ No

Fire Weather Forecast Zone: _____

Use this form to document the visual monitoring for the burn for poor ventilation category burn days. It will meet your requirements for documenting visual monitoring on the day of the burn. Please submit a copy of this form to the Air Quality Bureau daily following burning on poor ventilation category days. For thickness of the plume, use terms such as heavy, medium or light. Color may be white, light gray, dark gray, black.

Date	Time	Height of Smoke Plume	Direction Smoke Goes	Color of Plume	Thickness of Plume
01/30/04	*10:00 AM*	*300 feet*	*Southeast*	*Dark gray*	*Medium*
	11:00 AM	*300 feet*	*Southeast*	*White*	*Light*
	12:00 PM	*200 feet*	*Southeast*	*Light gray*	*Light*
	1:00 PM	*300 feet*	*South*	*Dark gray*	*Heavy*
	2:00 PM	*200 feet*	*South*	*Light gray*	*Medium*