

CR2K INFORMATION REQUEST



Mailing Address: Office of State Fire Marshal, CR2K
3565 Trelstad Ave SE
Salem OR 97317-9614

Phone: 503.934.8353
Fax: 503.373.1825
Email: SFM.CR2K@state.or.us

CR2K Information Access webpage: http://www.oregon.gov/osp/SFM/pages/cr2k_infoavailable.aspx
Specific instructions are on reverse. For custom reports, mark the fields you want included on the reverse side of this form. Within 2 days of receipt of your request, you will receive an acknowledgment indicating an estimated time your request will be filled. Requests are typically filled within 2-3 days of their receipt.

REQUESTER INFORMATION

1. Name and Title:		2. Date Requested:	
3. Organization:		4. Phone:	
5. Email Address:		6. Fax:	
7. Your Mailing Address: ↓		8. Your Site County:	
7a.		9a.	
7b.		9b.	

INFORMATION BEING REQUESTED (Pre-established reports that are available)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Facility Substance Rpt | <input type="checkbox"/> Hazmat Incident Rpt | <input type="checkbox"/> HSIS Fire CD | <input type="checkbox"/> HSIS Public CD |
| <input type="checkbox"/> LEPC EHS Planning Rpt | <input type="checkbox"/> FDID Jurisdiction Rpt | <input type="checkbox"/> HSIS Fire Password | <input type="checkbox"/> HSIS Public Password |
| <input type="checkbox"/> AST and/or UST Rpt | <input type="checkbox"/> Fuels Report | <input type="checkbox"/> Quarterly HSIS Fire Distribution | <input type="checkbox"/> Quarterly HSIS Public Distribution |

10. Address(es) and description of info you are requesting. Include the **address** of the site(s) you want searched. If more space is needed, please send additional documentation with your completed form, or document it in the email.

11. Describe how the information will be used (purpose). If more space is needed, please send additional documentation with your completed form, or document it in the email.

12. How would you like the information delivered?

- Telephone E-Mail Transfer
 Regular Mail Fax Call for Pickup
 Other / Specify:

13. What is your preferred format?

- Access Text File Paper Copy
 Excel PDF CD, How Many?
 Other / Specify:

14. Type of Organization Requesting

- | | |
|---|--|
| <input type="checkbox"/> Fire Service | <input type="checkbox"/> Public (personal) |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Government |
| <input type="checkbox"/> Environmental Consultant | <input type="checkbox"/> LEPC Member |
| <input type="checkbox"/> Environmental Group | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Educational Organization | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Private/Corp Business |
| <input type="checkbox"/> Other / Specify: | |

OSFM USE ONLY

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> HSIS FIRE CD | <input type="checkbox"/> Password | <input type="checkbox"/> Incident |
| <input type="checkbox"/> HSIS PUB CD | <input type="checkbox"/> Password | <input type="checkbox"/> Survey |
| <input type="checkbox"/> MSDS | | <input type="checkbox"/> Incident & Survey |
| <input type="checkbox"/> H&M FIRE CD/DVD | | <input type="checkbox"/> Pesticide |
| <input type="checkbox"/> H&M PUB CD | <input type="checkbox"/> EHS | <input type="checkbox"/> PSM |
| <input type="checkbox"/> Cameo - HSIS Ready Data | <input type="checkbox"/> 112R | <input type="checkbox"/> TRI |
| <input type="checkbox"/> Technical Assistance | | |
| <input type="checkbox"/> Other / Specify: | | |

15. Purpose

- Regulatory
 Company Lkup/Research Ed Resource
 Presentation/Workshop/Training Response
 ESA (Environmental Site Assessment) Planning/Meeting
 TTA (Terrorist Threat Assessment) Exercise
 Other / Specify:

Fill By (name):

Date Filled:

Secured - Mgr Init:	Secured- Mgr Appr Date:	Secured Cert Approval Init:	Secured Cert Appr Date:	Cert on File <input type="checkbox"/>
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- Source:** Telephone Email Fax Mailed
 Walk-In In Office (staff) Meeting Scheduled

How Provided: Telephone Email Fax

Picked Up Mailed Delivered By:

CONFIRMED RECEIPT

INSTRUCTIONS FOR FILLING OUT THE REQUESTER SECTION (1-15) OF THIS FORM

- 1. Requester Name and Title:** Enter your name and title.
- 2. Date Requested:** Enter today's date.
- 3. Requester Organization:** Enter the name of your organization. If you are requesting on your own behalf, leave that blank or enter *Public*.
- 4. Phone Number:** Enter your phone number.
- 5. Email Address:** Enter your email address.
- 6. Fax Number:** Enter your fax number.
- 7. Requester Mailing Address:** Enter the mailing address of you or your organization.
- 8. Requester Site County:** Enter the county you or your organization is located in.
- 9. Requester Site Address:** Enter the street address of where you or your organization are located. If the street address is the same as the mailing address, enter "SAME".
- 10. Describe the information you are requesting:** Enter the address you want searched. Enter a detailed description of the information you want. Provide enough detail to give a clear understanding. For custom reports, mark the fields shown below to indicate which fields you want included in your report.
- 11. Describe how the information will be used:** Enter a description of what this information will be used for – what purpose it will serve. (Do not distribute the information we provide. *Others who need the same information should complete a request form.*)
- 12. How would you like to receive the information?** Check the box that indicates how you would like to receive the information. Most requests are filled via email. If requesting mail or fax, be sure you provided that information in number 5 and 6.
- 13. What is your preferred format:** Check the box indicating the format in which you want to receive the information. Some information has a pre-set format (e.g. HSIS CD will be an Access database). If the format you want is not shown on the form, you may write the format in the area identified as "Other / Specify format".
- 14. Type of Organization Requesting:** Please check the type of organization that most closely matches your organization.
- 15. Purpose:** Please check the option that most closely matches the purpose for which you are requesting this information.

SURVEY & INCIDENT DATABASE FIELD SELECTIONS:

SURVEY

- All Available Fields**
- Facility ID Number
 - Are Hazardous Substances Present at Facility
 - Subject to EHS 302
 - EHS Emergency Coordinator (Name, Email)
 - EHS Emergency Coordinator Phone-**Restricted**
 - EHS Emergency Coordinator 24 Hour Phone-
- Restricted**
- Subject to Sec 112R of CAA (Y/N, RMP Facility ID)
 - Subject to 313 TRI (Y/N, TRI Facility ID)
 - Subject to PSM Requirements
 - NAICS Codes for Facility
 - Business Activity
 - Business Name
 - Department / Division
 - Owner/Operator (Name, Email)
 - Send to Attention of (Name, Email)
 - Site Address
 - Mailing Address
 - Business Phone
 - Occupied / Unoccupied
 - Max Occupants at Site
 - Latitude / Longitude
 - Facility Emergency Contact Person
 - Facility Emergency Contact Day Number
 - Facility Emergency Contact Night Number-**Restricted**
 - Facility Emergency Contact Email
 - Responsible Fire Dept
 - Written Emergency Plan (Y/N and where at site)
 - Automatic Fire Suppression System (Y/N)
 - Placarded According to NFPA 704 (Y/N)
 - Other Placards In Use (Y/N)
 - Person Completing Form (Name, Date, Phone)
 - Chemical/Mixture/Product Name
 - Chemical ID
 - Ingredient in Highest Concentration
 - CAS Number of Chemical
 - EPA Pesticide Reg. Number of Chemical
 - Chemical is Pure or Mix
 - Chemical Is or Contains a 112r CAA Substance
 - Chemical Is or Contains a PSM Substance

SURVEY CONTINUED

- Chemical Is or Contains an EHS Substance
- Chemical Meets the EHS TPQ
- EHS Ingredient in Chemical
- EHS Ingredient's CAS Number
- Physical Sate
- Unit of Measure
- Max Amount
- Amount In / Amount Out
- Days On Site
- Storage Container Type
- Hazard Class
- UN/NA Number
- Storage Locations-**Restricted**

INCIDENT

- All Available Fields**
- A. District of Incident
 - B. County of Incident
 - C. Dept. Responding
 - D. Date of Incident
 - E. Call Time (time alarm received)
 - F. In Route Time
 - G. Arrive Time
 - H. Depart Scene Time
 - I. Time Back in quarters
 - J. In Service Time
 - K. Incident Location
 - L. Responsible Party Information
 - M. Scene Type
 - N. Area Type
 - O. Weather Type
 - P. Agencies Responding
 - Q. Action Taken
 - R. Source of Incident
 - S. Cause of Incident
 - T. Hazmat Behavior on Release
 - U. Chemical Name and Information (e.g. containers)
 - V. Source Used to Identify Materials Involved
 - W. Estimated Property Loss
 - X. Casualties