



**GENERAL DISPLAY FIREWORKS REPORT FOR GENERAL DISPLAY**

**OREGON STATE POLICE  
OFFICE OF STATE FIRE MARSHAL  
4760 Portland Road NE  
Salem OR 97305-1760  
(503) 934-8274 or (503) 934-8272  
Fax: (503) 934-8288**

The Operator in Charge of the Fireworks Display shall complete the following information and submit to the State Fire Marshal within ten (10) days of the display date.

**PERMIT INFORMATION**

Issued To \_\_\_\_\_ Number \_\_\_\_\_  
Date Display Held \_\_\_\_\_ Time Display Held \_\_\_\_\_  
Location of Display \_\_\_\_\_  
Address or Description \_\_\_\_\_

**FIREWORKS DISCHARGED**

LIST ALL FIREWORKS DISCHARGED (Include shell size) - Do not attach copy of order form. List all fireworks here. Only use additional pages if more lines are needed.

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Size: \_\_\_\_\_  
Type: \_\_\_\_\_ Number: \_\_\_\_\_ Size: \_\_\_\_\_

**FIREWORKS WHICH MALFUNCTIONED OR WERE DEFECTIVE**

List all fireworks duds that were malfunctioned or were defective (Include shell size)

Type: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size: \_\_\_\_\_  
Type: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size: \_\_\_\_\_  
Type: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size: \_\_\_\_\_  
Type: \_\_\_\_\_ Manufacturer \_\_\_\_\_ Size: \_\_\_\_\_

**OPERATOR IN CHARGE SECTION**

Complete this section only for the operator in charge of the display. All other certified operators and assistants are to be listed in the assistant section.

Name: \_\_\_\_\_

Certification No. \_\_\_\_\_

**Check appropriate duties performed:**

- Installation of Mortars
- Loading Shells
- Clean-Up/Inspection
- Manual Firing Display
- Electrical Firing Display

- Installation of Set Piece
- Installation of Electrical Firing System
- Tending Magazine
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**ASSISTANTS SECTION**

Complete this section for all individuals who assisted the Operator In Charge with the display. If they are a certified operator, include their certification number. If they are not yet certified, they are still to be listed in this section.

Name: \_\_\_\_\_ Certification No. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check appropriate duties performed:**

- Installation of Mortars
- Loading Shells
- Clean-Up/Inspection
- Manual Firing Display
- Electrical Firing Display

- Installation of Set Piece
- Installation of Electrical Firing System
- Tending Magazine
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Name: \_\_\_\_\_ Certification No. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check appropriate duties performed:**

- Installation of Mortars
- Loading Shells
- Clean-Up/Inspection
- Manual Firing Display
- Electrical Firing Display

- Installation of Set Piece
- Installation of Electrical Firing System
- Tending Magazine
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Name: \_\_\_\_\_ Certification No. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check appropriate duties performed:**

- Installation of Mortars
- Loading Shells
- Clean-Up/Inspection
- Manual Firing Display
- Electrical Firing Display

- Installation of Set Piece
- Installation of Electrical Firing System
- Tending Magazine
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Name: \_\_\_\_\_ Certification No. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check appropriate duties performed:**

- Installation of Mortars
- Loading Shells
- Clean-Up/Inspection
- Manual Firing Display
- Electrical Firing Display

- Installation of Set Piece
- Installation of Electrical Firing System
- Tending Magazine
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Name: \_\_\_\_\_ Certification No. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Check appropriate duties performed:**

- Installation of Mortars
- Loading Shells
- Clean-Up/Inspection
- Manual Firing Display
- Electrical Firing Display

- Installation of Set Piece
- Installation of Electrical Firing System
- Tending Magazine
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

<input type="checkbox"/>	Installation of Mortars	<input type="checkbox"/>	Installation of Set Piece
<input type="checkbox"/>	Loading Shells	<input type="checkbox"/>	Installation of Electrical Firing System
<input type="checkbox"/>	Clean-Up/Inspection	<input type="checkbox"/>	Tending Magazine
<input type="checkbox"/>	Manual Firing Display	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Electrical Firing Display	<input type="checkbox"/>	Other _____

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

<input type="checkbox"/>	Installation of Mortars	<input type="checkbox"/>	Installation of Set Piece
<input type="checkbox"/>	Loading Shells	<input type="checkbox"/>	Installation of Electrical Firing System
<input type="checkbox"/>	Clean-Up/Inspection	<input type="checkbox"/>	Tending Magazine
<input type="checkbox"/>	Manual Firing Display	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Electrical Firing Display	<input type="checkbox"/>	Other _____

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

<input type="checkbox"/>	Installation of Mortars	<input type="checkbox"/>	Installation of Set Piece
<input type="checkbox"/>	Loading Shells	<input type="checkbox"/>	Installation of Electrical Firing System
<input type="checkbox"/>	Clean-Up/Inspection	<input type="checkbox"/>	Tending Magazine
<input type="checkbox"/>	Manual Firing Display	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Electrical Firing Display	<input type="checkbox"/>	Other _____

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

<input type="checkbox"/>	Installation of Mortars	<input type="checkbox"/>	Installation of Set Piece
<input type="checkbox"/>	Loading Shells	<input type="checkbox"/>	Installation of Electrical Firing System
<input type="checkbox"/>	Clean-Up/Inspection	<input type="checkbox"/>	Tending Magazine
<input type="checkbox"/>	Manual Firing Display	<input type="checkbox"/>	Other _____
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**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

<input type="checkbox"/>	Installation of Mortars	<input type="checkbox"/>	Installation of Set Piece
<input type="checkbox"/>	Loading Shells	<input type="checkbox"/>	Installation of Electrical Firing System
<input type="checkbox"/>	Clean-Up/Inspection	<input type="checkbox"/>	Tending Magazine
<input type="checkbox"/>	Manual Firing Display	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Electrical Firing Display	<input type="checkbox"/>	Other _____

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

<input type="checkbox"/>	Installation of Mortars	<input type="checkbox"/>	Installation of Set Piece
<input type="checkbox"/>	Loading Shells	<input type="checkbox"/>	Installation of Electrical Firing System
<input type="checkbox"/>	Clean-Up/Inspection	<input type="checkbox"/>	Tending Magazine
<input type="checkbox"/>	Manual Firing Display	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Electrical Firing Display	<input type="checkbox"/>	Other _____

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

- |  |                          |  |
|--|--------------------------|--|
| <input type="checkbox"/> Installation of Mortars   | <input type="checkbox"/> | Installation of Set Piece                |
| <input type="checkbox"/> Loading Shells            | <input type="checkbox"/> | Installation of Electrical Firing System |
| <input type="checkbox"/> Clean-Up/Inspection       | <input type="checkbox"/> | Tending Magazine                         |
| <input type="checkbox"/> Manual Firing Display     | <input type="checkbox"/> | Other _____                              |
| <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> | Other _____                              |

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

- |  |                          |  |
|--|--------------------------|--|
| <input type="checkbox"/> Installation of Mortars   | <input type="checkbox"/> | Installation of Set Piece                |
| <input type="checkbox"/> Loading Shells            | <input type="checkbox"/> | Installation of Electrical Firing System |
| <input type="checkbox"/> Clean-Up/Inspection       | <input type="checkbox"/> | Tending Magazine                         |
| <input type="checkbox"/> Manual Firing Display     | <input type="checkbox"/> | Other _____                              |
| <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> | Other _____                              |

**Name:** \_\_\_\_\_ **Certification No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Check appropriate duties performed:**

- |  |                          |  |
|--|--------------------------|--|
| <input type="checkbox"/> Installation of Mortars   | <input type="checkbox"/> | Installation of Set Piece                |
| <input type="checkbox"/> Loading Shells            | <input type="checkbox"/> | Installation of Electrical Firing System |
| <input type="checkbox"/> Clean-Up/Inspection       | <input type="checkbox"/> | Tending Magazine                         |
| <input type="checkbox"/> Manual Firing Display     | <input type="checkbox"/> | Other _____                              |
| <input type="checkbox"/> Electrical Firing Display | <input type="checkbox"/> | Other _____                              |

**SIGNATURE OF OPERATOR IN CHARGE**

I hereby certify the above information to be true and correct to the best of my knowledge. Falsification of information may result in the denial, suspension and/or revocation of operator certification and/or future permits.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

OSFM Certification No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

**The information in this section is for OSFM statistical purposes.**

**INJURIES CAUSED BY FIREWORKS**

**Description of injuries caused by fireworks including:**

Name of Injured Person: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Injuries: \_\_\_\_\_

Name of Firework Causing Injury: \_\_\_\_\_

Cause of Injury: \_\_\_\_\_

**FIRES CAUSED BY FIREWORKS**

**Description of fires caused by fireworks including:**

Name of firework that caused fire \_\_\_\_\_

Cause of the fire \_\_\_\_\_

Description of damage \_\_\_\_\_