



Office of the Illinois State Fire Marshal

Pyrotechnic Licensing Division

1035 Stevenson Drive

Springfield, IL 62703-4259

Injury/Accident Phone Number (For In-State Phone Numbers): 800-782-7860

Injury/Accident Phone Number (For Out-of-State Phone Numbers): 217-782-7860

PROXIMATE/FLAME EFFECT DISPLAY REPORT



DISPLAY INFORMATION: This form is to be completed by the Lead Pyrotechnic Operator for each indoor event or display and filed with OSFM within 30 days. The Lead Operator and Distributor must retain a copy for 4 years. This form can be submitted via email to: SFM.PyroFireworks@illinois.gov. Please print or type report.

Date of display:	Display started at: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Display ended at: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Lead Operator name:	License No:	
Operator name:	License No:	
Distributor's name:	License No:	
	Phone No:	
Sponsor of the display:	<input type="checkbox"/> Check this box if this is a cover license	
Display venue address:	City:	State:

Assistant Names – Type or Print Clearly	Date of Birth	Assistant Signatures – Original Signatures Only	Touring Technician	
If additional space is needed to add more Assistant's names, please use page 3 of this document.			Y	N

Type of Display: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor		<input type="checkbox"/> Proximate – NFPA 1126 <input type="checkbox"/> Flame – NFPA 160	
Date product arrived on site:	What time did the product arrive on site:		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Licensed Lead Operator/Operator arrived on site at:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Licensed Lead Operator/Operator left the site at:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Licensed Lead Operator/Operator supervising product on site:			
<input type="checkbox"/> Gerbs <input type="checkbox"/> Grid Rocket <input type="checkbox"/> Flash Pots <input type="checkbox"/> Mines <input type="checkbox"/> Concussion <input type="checkbox"/> Comets <input type="checkbox"/> Flame Projector <input type="checkbox"/> Waterfalls <input type="checkbox"/> Airbursts <input type="checkbox"/> Pyrotechnic Simulation Device <input type="checkbox"/> Other Pyro Effect - Please specify: <input type="checkbox"/> Propane Flame FX <input type="checkbox"/> Propane Flame Bar FX <input type="checkbox"/> Aerosol Flame FX <input type="checkbox"/> Other Flame FX <input type="checkbox"/> Isopar Flame Unit			
Please specify other flame effects:			
Was there an injury before, during, or after the display?		<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, answer Page 2, Section I	
Was a defective product observed before, during, or after the display?		<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, answer Page 2, Section II	
Was there property damage or a fire resulting before, during, or after the display?		<input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, answer Page 2, Section III	
NOTE: If no injuries, defect, or damages were indicated above, page 2 of this report does not need to be submitted.			

SIGNATURES: As Lead Operator, I verify that the above information is true and accurate. I am aware that any false statement may result in the revocation of my license. *Information must be completed in its entirety.

*Lead Operator Signature:	*Date:
*Operator Signature:	*Date:
*Fire Jurisdiction Personnel Signature:	*Date:
*Printed Name of Fire Jurisdiction Personnel:	*Phone:
*Fire Personnel Jurisdiction:	Email:

INJURY/DEFECTIVE PRODUCT/DAMAGE REPORT
To be completed in the event of injury, defect, or damages.

Date of display:		
Distributor's name:	License No:	
Location of display:	City:	State:

Section I – Injuries

Describe any injuries caused by pyrotechnic devices. Each injury shall be listed separately and shall include the information requested below. (Use separate sheet for additional injuries.)

Type of Pyrotechnic Device	Cause of Injury	Type of Injury	
Name of Injured	Address	Phone Number	Age
Type of Pyrotechnic Device	Cause of Injury	Type of Injury	
Name of Injured	Address	Phone Number	Age

Section II – Defective Product

List all pyrotechnics that were duds, malfunctions, or defective. For each listed, the report shall include the information requested below and attach a description of how the product was disposed of and/or malfunctioned. (Use separate sheet for additional defective products.)

Type of Pyrotechnic Device	Height and Duration	Manufacturer

Section III – Property Damage

Describe any fires or property damage (over \$500) caused by pyrotechnics authorized by this permit. Each fire/damage shall be listed separately and shall include the information requested below. (Use separate sheet for additional fires/damages.)

Type of Pyrotechnic Device	Cause of Fire/Damage	
Property Damage	Dollar Loss	
Type of Pyrotechnic Device	Cause of Fire/Damage	
Property Damage	Dollar Loss	

As Lead Operator, I verify that the above information is true and accurate. I am aware that any false statement may result in the revocation of my license.

Lead Operator Signature:	Date:
Operator Signature:	Date:
Fire Jurisdiction Personnel Signature:	Date:
Print Name and Fire Jurisdiction:	Phone:

