

# 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

## OUTDOOR DISPLAY REPORT



**DISPLAY INFORMATION:** This form is to be completed by the Lead Pyrotechnic Operator for each outdoor 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](mailto: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:

Registered Assistant Names – <i>Print Clearly</i>	Date of Birth	Assistant Signatures – <i>Original Signatures Only</i>
If additional space is needed to add more Assistant's names, please use page 3 of this document.		

<b>Type of Display:</b> <input type="checkbox"/> Outdoor Professional – 1123		
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 supervising product on site:		
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.
How did the product arrive at the site?	City and State of magazine storage location:	
Firing method: <input type="checkbox"/> Hand Fired <input type="checkbox"/> Electronically Fired		
Tube type: <input type="checkbox"/> Cardboard Fiber Tubes <input type="checkbox"/> Fiberglass Tubes <input type="checkbox"/> HDPE (plastic) Tubes		
Were the shells professional grade? <input type="checkbox"/> YES <input type="checkbox"/> NO; Were the shells consumer grade? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Largest aerial display shell size:	Largest salute shell size:	Total shell count:
Was there a ground display? <input type="checkbox"/> YES <input type="checkbox"/> NO; Were cakes used? <input type="checkbox"/> YES <input type="checkbox"/> NO; Type/size of cake used:		
Describe disposal of any duds/misfires (Write N/A if there were no duds/misfires.):		
Was there an injury before, during or after the display?	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, answer Page 2, Section I</b>	
Was a defective product observed before, during, or after the display?	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, answer Page 2, Section II</b>	
Was there property damage or a fire resulting before, during, or after the display?	<input type="checkbox"/> YES <input type="checkbox"/> NO <b>If Yes, answer Page 2, Section III</b>	
<b>NOTE: If no defects, injuries, or damages were indicated above, Page 2 of this report does not need to be submitted.</b>		

**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. Note: 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

  

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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:

