

HAZARDOUS MATERIALS INFORMATION REQUEST



Mailing Address: Office of State Fire Marshal, CR2K
4760 Portland Rd. NE
Salem OR 97305-1760

Phone: (503) 934-8353
Fax: (503) 373-1825
Email: SFM.CR2K@state.or.us

Specific instructions are on reverse. By completing this form, we are better able to fill your request. For custom reports, mark the fields you want included on the reverse side of this form. Within 1-3 days of receipt of your request, you will receive an acknowledgment indicating an estimated time your request will be filled. Requests are typically filled 2-6 weeks from their receipt date. Our acknowledgment will provide you with alternative methods to obtain the information needed. (e.g. online searchable databases).

1. Your Name/Title:	2. Date Requested:
3. Organization:	4. Phone Number:
5. Email Address:	6. Fax Number:
7. Requester Mailing Address: ↓	8. Requester County: & Street Address ↓

9. Describe what information you are requesting. Include the address of the site(s) you are requesting information for. If more space is needed than is provided, add additional pages.

10. Describe what the information will be used for (purpose).

<p>11. How would you like to receive the information?</p> <p>1. <input type="checkbox"/> Verbal 4. <input type="checkbox"/> E-Mail Transfer 2. <input type="checkbox"/> Printed Copy 5. <input type="checkbox"/> Diskette 3. <input type="checkbox"/> Fax 6. <input type="checkbox"/> CD, How Many</p>	<p>12. What is your preferred format?</p> <p><input type="checkbox"/> Access <input type="checkbox"/> Text <input type="checkbox"/> Excel <input type="checkbox"/> PDF <input type="checkbox"/> Other / Specify format →</p>																																						
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Provided:

INSTRUCTIONS FOR FILLING OUT THE REQUESTER SECTION (1-14) OF THIS FORM

1. **Your Name /Title:** Enter the name of the person requesting the information, and their title.
2. **Date Requested:** Enter the date the information is being requested.
3. **Organization:** Enter the name of the organization the requester is affiliated with.
4. **Phone Number:** Enter the Phone Number of the person requesting the Information.
5. **Email Address:** Enter the email address of the person requesting the information.
6. **Fax Number:** Enter the fax number of the person requesting the information.
7. **Requester Mailing Address:** Enter the mailing address of the person requesting the information.
8. **Requester County / Street Address:** Enter the county this address is located in. Enter the street address of the person requesting the information. If the street address is the same as the mailing address, enter **“SAME”**.
9. **Describe what information you are requesting:** Enter a detailed description of the information you are requesting. Provide enough detail to give a clear understanding of what information you want. Be sure to include the address of the site you are requesting the information for. For custom reports, mark the fields shown below to indicate which fields you want included in your report.
10. **Describe what the information will be used for:** Enter a description of how this information will be used. Note: The information is being provided to you. Do not distribute the information being provided. Others who need the same information should complete a request form. Do not share confidential and secured information.
11. **How would you like to receive the Information?** Check the box that indicates how you would like to receive the information. If requesting fax or email, be sure to provide that information in number 5 or 6 as applicable.
12. **What is your preferred format:** Check the box indicating the format in which you want to receive the information. If the format you want is not identified by a check box, write the format in the area identified as **“Other / Specify format”**.
13. **Type of Organization Requesting:** Please check the type of organization that most closely matches your business.
14. **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
- 1. Are Hazardous Substances Present at Facility
- 2. EHS Substances that Meet TPQ
- 3. Subject to Sec 112R of CAA
- 4. Subject to PSM Requirements
- 5. NAICS Codes for Facility
- 6. Business Activity
- 7. Manager's Name
- 8. Send to Attention of
- 9. Email Address
- 10. Business Name
- 11. Department / Division
- 12. Site Address
- 13. Mailing Address
- 14. Business Phone
- 15. Number of Employees
- 16. Emergency Contact Person
- 17. Emergency Contact Day Number
- 18. Emergency Contact Night Number-**Restricted**
- 19. Responsible Fire Dept
- 20. Substance Name
- 21. Hazardous Ingredient
- 22. Is or Contains a 112r substance
- 23. Is or Contains an EHS
- 24. Is or Contains a PSM substance
- 25. Physical Sate
- 26. Unit of Measure
- 27. Max Amount. Code
- 28. Amount In
- 29. Amount Out
- 30. Storage Code
- 31. Hazard Class
- 32. UN/NA Number
- 33. EPA Pesticide Reg. Number
- 34. CAS Number

SURVEY CONTINUED

- 35. Storage Location-**Restricted**
- 36. Facility ID Number
- 37. Geo Loc Codes

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
 - F. Arrive Time
 - G. Depart Scene Time
 - H. Time Back in quarters
 - I. In Service Time
 - J. Incident Location
 - K. Responsible Party Information
 - L. Scene Type
 - M. Area Type
 - N. Weather Type
 - O. Agencies Responding
 - P. Action Taken
 - Q. Source of Incident
 - R. Material Involved (Fuel, Cargo, Product, or Waste)
 - 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