



Illinois Office of the State Fire Marshal
 Pyrotechnic Licensing Division
 1035 Stevenson Drive
 Springfield, IL 62703-4259
ILLINOIS DISPLAY REPORT



PART A - DISPLAY INFORMATION (To be completed by the Lead Pyrotechnic Operator for each event or show and filed within 30 days for credit towards future licensing):

Lead Operator Name: _____ License No: _____
 Operator Name: _____ License No: _____
 Distributor's Name: _____
 Sponsor of Display: _____
 Location of Display: _____
 Venue Contract Info: _____

Assistant Names	Date of Birth	Assistant Signatures
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Display: _____ Time: From: _____ To: _____

Type of Display (Check all applicable boxes): Outdoor Professional – 1123 Proximate – 1126 Flame – 160

Was a defective product observed before, during, or after the display? YES NO If Yes, answer Part B, Sec. I

Was there an injury before, during, or after the display? YES NO If Yes, answer Part B, Sec. II

Was there property damage or a fire resulting before, during, or after the display? YES NO If Yes, answer Part B, Sec. III

Type of Effects used in Proximate Audience or Flame Effect Show:

Gerbs Duration Gerbs Grid Rocket Flash Pots Mines Concussion Comets

Saxons Flame Projector Coliseum Pots Waterfalls Airbursts Other Pyro Effect

Please specify other: _____

Propane Flame FX Propane Flame Bar FX Aerosol Flame FX Other Flame FX

Please specify Other: _____

SIGNATURES:

Lead Operator: _____ Date: _____
 Operator: _____ Date: _____
 Fire Safety Personnel: _____ Date: _____
 Print Name & Jurisdiction: _____ Phone: _____

PART B – INJURY/DAMAGE/DEFECTIVE PRODUCT:

Section I – Defective Product

List all pyrotechnics that were duds, malfunctioned, or defective. For each listed, the report shall include: Type of pyrotechnic product, height and duration of product, and manufacturer’s name (Use separate sheet for additional defective products).

Type of Pyrotechnic Device	Height and Duration	Manufacturer

Section II – Injuries

Describe any injuries caused by pyrotechnic devices. Each injury shall be listed separately, and shall include the type of pyrotechnic that injured the person, cause of injury, type of injury, and name, address, and age and telephone number of the injured person. (Use a separate sheet for additional injuries).

Type of Pyrotechnic Device	Cause of Injury	Type of Injury	
Name of Injured	Address	Phone No.	Age
Type of Pyrotechnic Device	Cause of Injury	Type of Injury	
Name of Injured	Address	Phone No.	Age

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 type of product that caused the fire/damage, brief description of property damaged and dollar loss of the damage that occurred. (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
Type of Pyrotechnic Device	Cause of Fire/Damage	
	Property Damage	Dollar Loss

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

Operator Signature: _____ Date: _____
 Fire Safety Personnel: _____ Date: _____
 Print Name & Jurisdiction: _____ Phone: _____