

ATTACHMENT C – FIREWORKS DISPLAY REPORT FORM

The Fireworks Display Report shall be completed no later than 14 calendar days following each fireworks display. The Discharger may attach additional information as necessary. Fireworks Display Reports shall be made available to the San Francisco Bay Regional Water Quality Control Board upon request and shall be submitted with self-monitoring reports in accordance with Provision VI.D.3 of this Order.

I. GENERAL EVENT INFORMATION

Discharger Name:	
Event Name:	
Event Contact Person	
Name:	
Phone Number:	
Email:	
Event Location	
Address:	
GPS Coordinates:	
Receiving Water Name:	
Event Date:	Event Start and End Time:

II. FIRING RANGE MAP

Attach an aerial or satellite map identifying the firing range, fireworks fallout area, affected receiving waters, and adjacent shorelines, barges, docks, piers, quays, and any other relevant features or landmarks.

III. PYROTECHNIC OPERATORS

Name	License Number	Date Issued	Expiration Date

IV. FIREWORKS INFORMATION

Aerial Fireworks			Low Level Fireworks		Set Piece Fireworks	
Shell Size	No. Single Breaks	No. Multiple Breaks	Type	No.	Type	No.
25 mm			Mines		Sets	
80 mm			Romans		Devices	
2"			Comets			
3"			Cakes			
4"						
5"						
6"						
8"						
9"						
10"						
11"						
12"						

Net Explosive Weight: _____ pounds (lbs)

Were alternative fireworks used? If so, describe:

Were the entire firing range (including the fireworks launching area and adjacent shorelines, quays, docks, and fireworks fallout area), barges (if used), and adjacent surface waters inspected and cleaned of particulate matter and debris from ignited and un-ignited pyrotechnic material within 24 hours following the display?

Yes Date: _____ Time: _____

No

If no, explain:

Total amount of debris collected from receiving water: _____ lbs wet weight
 _____ lbs dry weight (if known)

Total amount of debris collected: _____ lbs wet weight

V. CERTIFICATION

<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	
Signature:	Date:
Printed Name:	
Title:	
Discharger Name:	
Address:	
Email:	Phone No.: