



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  Propane – 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  Lycopodium 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: \_\_\_\_\_