



**DEPARTMENT OF PUBLIC SAFETY
MINNESOTA STATE FIRE MARSHAL DIVISION
FIREWORKS OPERATOR DISPLAY REPORT**



MSS 624.22, Subd. 6 requires fireworks display operators to report all displays to the State Fire Marshal within 30 days of the display. If an injury, fire over \$100, or damage over \$100 to property occurs, or unsafe or defective pyrotechnic products or equipment was used, complete Part B and return to the State Fire Marshal Division within 10 days of the display.

PART A – DISPLAY INFORMATION

Name of Operator _____ Certificate Number _____

Type of Display: () Outdoor () Outdoor Proximate Audience () Outdoor Both () Indoor Proximate Audience

Display Date: _____ Display Time: From _____ To _____

Sponsor (Private individuals may not sponsor a display) _____

Outdoor and Outdoor Proximate Audience Display Information

Name of Property or Address where Display Occurred _____

City / Township _____ County _____

Required for Indoor Proximate Audience Displays

Name of Facility where Display Occurred _____

Address _____ City _____ County _____

Assistants: Name	Date of Birth	MN Fireworks Operator Cert. # (If Applicable)

Attach separate sheet for more assistants, if necessary.

Defective Products/Injury/Damage

- Was an unsafe or defective device product used or observed during the display? () Yes () No If yes, answer Part B, Section I.
- Was there an injury as a result of the above display? () Yes () No If yes, answer Part B, Section II.
- Was there property damage or a fire resulting from the display? () Yes () No If yes, answer Part B, Section III.

If you answer yes to any of these questions complete and return page 2.

I verify that the above information, and that attached information on page 2 if necessary, is true and accurate. I am aware that any false statement constitutes fraud and may result in a revocation of my certificate.

Signature: _____ Date: _____

**Return this form to: Minnesota State Fire Marshal Division
Attn: Fireworks Operator Certification Program
445 Minnesota Street, Suite 145
St. Paul, MN 55101-5145**

All data required on a fireworks operator certificate application is required by law or administrative rule. The information is used to identify your fireworks operator certificate record and determine your eligibility for a fireworks operator certificate. Failure to provide required information may result in denial of the certificate. All information on the Fireworks Operator Display Report is public and copies of the application or its information may be issued to anyone.

PART B – INJURY/DAMAGE/DEFECTIVE PRODUCT INFORMATION

Section I – Defective Product

List all fireworks that were **duds, malfunctioned, or defective**. For each firework listed, the report shall include: Type of firework (Type 1 - Mines, Type 2 - Aerial Shells, Type 3 - Roman Candles, Type 4 - Set Pieces), size of firework if applicable (i.e., 6 inch shell.), and manufacturer's name. (Use a separate sheet for additional defective products)

Firework Type (Type 1, 2, Etc.)	Firework Size	Manufacturer

Section II – Injuries

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

Firework Type:	Cause of Injury:	Type of Injury:			
Injured Name:	Address:	City:	State:	Age:	Telephone:
Firework Type:	Cause of Injury:	Type of Injury:			
Injured Name:	Address:	City:	State:	Age:	Telephone:

Section III – Property Damage

Describe any fires or property damage (over \$100) caused by fireworks authorized by the permit. Each fire/damage shall be listed separately and shall include the type of firework that started the fire/damage, cause of the fire/damage, brief description of property damaged and dollar loss of the damage that occurred. (Use a separate sheet for additional fires/damages)

Firework Type	Cause of Fire/Damage	Property Description	Dollar Loss

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