



Office of State Fire Marshal - CR2K Program

Hazardous Substance Information Survey (HSIS)

HSIS Request Form for Unreported Sites

PHOTOCOPY THIS FORM AS NEEDED

OFFICE USE ONLY

FACILITY ID #

BUSINESS NAME:

DEPT/DIVISION (optional):

SEND TO THE ATTN OF (optional):

SITE LOCATION (STREET, CITY, STATE, ZIP CODE):

SITE COUNTY:

E-MAIL ADDRESS:

MAILING ADDRESS (STREET OR PO BOX, CITY, STATE, ZIP CODE):

OWNER/OPERATOR:

BUSINESS PHONE NUMBER:

BUSINESS ACTIVITY AT THE SITE:

NORTH AMERICAN INDUSTRIAL CLASSIFICATION SYSTEM (NAICS) CODE:

RESPONSIBLE FIRE DEPT:

PRINTED NAME AND TITLE OF PERSON SUBMITTING THIS FORM:

SIGNATURE:

DATE:

- A separate survey is required to be submitted for each site address in Oregon that possesses a Reportable Quantity (refer to the Survey Instruction Booklet), unless otherwise notified by our office.
- A specific Facility ID Number will be assigned to each site. Do not photocopy an existing survey to use for an unreported site.
- Complete a separate request form for each unreported site, unless other arrangements are made with our office.
- Email the completed form to Oregon.hazmatsurvey@state.or.us; or mail to the Office of State Fire Marshal, Attn CR2K, 3565 Trelstad Ave SE, Salem OR 97317; or fax to 503-373-1825.