

VIOLATION WORKSHEET

Illegal Burn
 Smoke Nuisance
 Both
 Date of Report: _____

Fire Agency: _____
 Fire Agency Incident Report #: _____

INFORMATION REGARDING THE PERSON RESPONSIBLE FOR THE BURN

Name (Title, First, middle, Last)	Telephone Contact #:
Mailing Address:	City, State, Zip:
Driver's License #:	State:

INFORMATION REGARDING THE BURN

Location of Burn:	City	Date of Burn & Time:
Permits Held: (check the appropriate box)	Permit #:	Expiration:
<input type="checkbox"/> CDF LE-62 <input type="checkbox"/> CDF LE-5 <input type="checkbox"/> Air Quality Permit <input type="checkbox"/> No Permit		
Burn Day Status:		
<input type="checkbox"/> No Burn Day <input type="checkbox"/> Burn Day <input type="checkbox"/> Burn Day with Hours <input type="checkbox"/> Burn Ban in Effect		
Burn Pile Dimensions:	Photos:	Odors: <input type="checkbox"/> Weak <input type="checkbox"/> Moderate <input type="checkbox"/> Strong
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Burning Attended:	Burning Cleanly	Color of Smoke:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoldering	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Brown

TYPE AND QUANTITY OF MATERIAL BEING BURNED

Narrative Description of Materials:																
Check the Types of Illegal Materials Burned: <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Green Vegetation (green wood, brush, leaves, grass, etc.)</td> <td><input type="checkbox"/> Soil</td> </tr> <tr> <td><input type="checkbox"/> Garbage (plastics, styrofoam, disposable diapers, metal containers, cans, feces, paper, cardboard, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Rubber (tires, canvas, hoses, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Appliances - Furniture (refrigerators, couches, computers, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Construction / Demolition (tar paper, roofing materials, painted / treated wood, shingles, milled lumber, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Manufactured Wood Products (plywood, fiberboard, pressed wood, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Metal Products (vehicle or trailer bodies, screens, tire rims, paint cans, etc.)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table>	<input type="checkbox"/> Green Vegetation (green wood, brush, leaves, grass, etc.)	<input type="checkbox"/> Soil	<input type="checkbox"/> Garbage (plastics, styrofoam, disposable diapers, metal containers, cans, feces, paper, cardboard, etc.)		<input type="checkbox"/> Rubber (tires, canvas, hoses, etc.)		<input type="checkbox"/> Appliances - Furniture (refrigerators, couches, computers, etc.)		<input type="checkbox"/> Construction / Demolition (tar paper, roofing materials, painted / treated wood, shingles, milled lumber, etc.)		<input type="checkbox"/> Manufactured Wood Products (plywood, fiberboard, pressed wood, etc.)		<input type="checkbox"/> Metal Products (vehicle or trailer bodies, screens, tire rims, paint cans, etc.)		<input type="checkbox"/> Other	
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RECOMMENDATIONS

Comments:			
<table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 33%;"> Cost Recovery <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 33%;"> Air Quality Follow Up Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 33%;"> Air Quality to Advise on Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	Cost Recovery <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Quality Follow Up Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Quality to Advise on Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No
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Reporting Officer (print name legibly):			