



MIKE CAUSEY
INSURANCE COMMISSIONER & STATE FIRE MARSHAL

BRIAN TAYLOR, CHIEF STATE FIRE MARSHAL

Agency Name: _____

Agency FDID: _____ County: _____

Does the agency have any AFFF foam stored at their station or other buildings Yes No , if yes continue?

Does the agency carry any AFFF foam on any of their apparatus Yes No , if yes continue?

IF DEPARTMENT HAS MORE THAN ONE STATION OR APPARATUS THAT HAS AFFF STORED, COMPLETE A SEPARATE FORM FOR EACH STATION AND APPARATUS THAT HAS THE FOAM

Physical Address of AFFF Storage: _____

Foam Stored at Station

Number of Buckets _____ Size _____ Number of Drums _____ Size _____

Number of Totes _____ Size _____ Number of Others _____ Size _____

Current Level in Gallons: (Total) _____

Apparatus # _____

Number of Buckets _____ Size _____ Number of Drums _____ Size _____

Number of Totes _____ Size _____ On Board Tank _____ Size _____

Current Level in Gallons (Total) _____

IF INFORMATION IS NOT KNOWN, ENTER (UNKNOWN). DO NOT LEAVE BLANK.

Manufacturer: _____

Trade Name: _____

CAS Number: _____

Item Cost: _____

Vendor: _____

Funding Source: _____

Manufacture Date: _____

In service Date: _____

Retired Date: _____

Name: _____ **Date:** _____