



**S.C. DEPARTMENT OF LABOR, LICENSING, AND REGULATION**

**Division of Fire and Life Safety**

Office of State Fire Marshal

141 Monticello Trail Columbia, SC 29203

Phone 803 896-9800

Fax 803 896-9806

**Malfunction Report**

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**Return Form Promptly to Supplier of Fireworks**

Date of Display \_\_\_\_\_ Location \_\_\_\_\_

Operator \_\_\_\_\_

Type of Shell Involved:

Manufacturer \_\_\_\_\_

Size \_\_\_\_\_

Effect \_\_\_\_\_

Type of Malfunction:

Fuse ignited, but nothing else happened \_\_\_\_\_

Shell exploded in mortar \_\_\_\_\_

Shell exploded just out of mortar \_\_\_\_\_

Shell returned to ground and then exploded \_\_\_\_\_

Shell returned to ground but never exploded \_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Certified Operator)

71-8305.6 B(4). Requires the following form must be returned to the supplier of the fireworks no later than fifteen days after the display. Operators retain a copy for this report for three years from the date of the display. The operator must produce these reports upon request of the State Fire Marshal's Office.