SOLID WASTE MANAGEMENT FACILITY
FIRE OCCURRENCE NOTIFICATION
NC DENR Division of Waste Management
Solid Waste Section

Notify the Section verbally within 24 hours and submit written notification within 15 days of the occurrence.
(If additional space is needed, use back of this form.)

NAME OF FACILITY: _____ PERMIT # _____

DATE AND TIME OF FIRE: _____ @ _____

HOW WAS THE FIRE REPORTED AND BY WHOM:

LIST ACTIONS TAKEN:

WHAT WAS THE CAUSE OF THE FIRE:

DESCRIBE AREA, TYPE, AND AMOUNT OF WASTE INVOLVED:

WHAT COULD HAVE BEEN DONE TO PREVENT THIS FIRE:

DESCRIBE PLAN OF ACTIONS TO PREVENT FUTURE INCIDENTS:

NAME: _____ TITLE: _____ DATE: _____

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THIS SECTION TO BE COMPLETED BY SOLID WASTE SECTION REGIONAL STAFF

DATE RECEIVED _____

List any factors not listed that might have contributed to the fire or that might prevent occurrence of future fires:

_____

FOLLOW-UP REQUIRED:

☐ NO ☐ PHONE CALL ☐ SUBMITTAL ☐ MEETING ☐ RETURN VISIT BY:_____ (DATE)

ACTIONS TAKEN OR REQUIRED:

Revised 6/8/09