PORSF
11.3.3.1.1.1 V41

OREGON STATE FIRE MARSHAL
HAZARDOUS SUBSTANCE
EMPLOYER SURVEY

OCCUPANCY CODE _____ (office use only) STATUS CODE _____ (office use only) ACCOUNT NUMBER 012782

TO MAKE CORRECTIONS: DRAW A LINE THROUGH DATA AND INDICATE CHANGE.

SECTION A GENERAL INFORMATION (Check the boxes as appropriate. In some cases both 2 and 3 would be checked.)

1. _____ No hazardous materials are used at this site in any way. (Complete Section B)
2. _____ Hazardous materials are used at this site by our company, but do not meet reporting requirements. (Complete Section B)(See Questions and Answers for reporting requirements)
3. X Hazardous materials are used at this site by our business in reportable quantities. (Complete all parts of this form)

THIS FORM MUST BE SIGNED AND RETURNED

SECTION B DEMOGRAPHIC DATA (Please provide the following information)

1. SIC CODE(S) that apply to site (if known): SIC 1 3731 SIC 2 0000
2. DATE FORM COMPLETED: ___/___/___ DUNN & BRADSTREET 00-941-9300
3. EMPLOYER NAME: ~~DON MCMACKEN~~ KEN UNDERHILL
4. COMPANY NAME: PORTLAND, PORT OF
5. DEPT./DIV.: NAVIGATION DEPT TERMINAL1
6. SITE ADDRESS: ~~7267 NE AIRPORT WAY~~ 2050 NW FRONT AVE.
   CITY: PORTLAND STATE: OR COUNTY: MULTNOMAH ZIP: 97210
   BUSINESS PHONE: (503) 231-5000
7. MAILING ADDRESS:(if different) PO BOX 3529 ATTN: RUSS KORVOLA
   CITY: PORTLAND STATE: COUNTY: MULTNOMAH ZIP: 97208
8. NUMBER OF EMPLOYEES AT THIS SITE: 2042
9. EMERGENCY ASSISTANCE CONTACT FOR THIS SITE(NAME): ~~JACK SABIN~~ Russ Korvola
   CONTACT PHONE(S): (503) 231-5000 DAY (503) 231-5000 NIGHT
10. RESPONSIBLE FIRE DEPARTMENT:
11. SPECIAL EMERGENCY PROCEDURES (See instructions)(Use additional pages as necessary)
    ~~NONE GIVEN~~ EMERGENCY ASSISTANCE CONTACT:
    = On-Site: Ken Underhill at (503) 231-5000 ext. 492
    = Port of Portland Environmental Management: Russ Korvola at (503) 231-5000 x 608
12. ARE STORAGE BUILDINGS/TANKS/AREAS PLACARDED (NFPA 704)? NO

SECTION C SIGNATURE _____ ☐ CORRECT AS SHOWN ☐ CORRECTIONS MADE

The name and signature of the person responsible for the completion of the form. This person will be contacted to answer any questions needing clarification.

DUPLICATE THIS FORM FOR EACH SITE

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