



Class B Fire Suppression Foam Usage Survey Questions

If possible, please complete the fillable PDF survey available at:

http://www.dec.ny.gov/docs/remediation_hudson_pdf/survey2.pdf

Instructions: Please answer all questions with respect to the period of current ownership/operation. In the event information is available regarding prior owners or operators, include it in the responses.

Please return the completed survey (PDF file) via email to derweb@dec.ny.gov by **January 31, 2017**. Non-electronic responses must be mailed to the following address: Ted Bennett, NYSDEC, Division of Environmental Remediation, 625 Broadway (12th Floor), Albany, NY 12233-7012.

If you have any questions, contact Ted Bennett at (518) 402-9764 or (518) 402-9741 or by email at: theodore.bennett@dec.ny.gov

1. Facility Name:
2. Facility Address:
City/Town:
State:
Zip Code:
3. Period of Facility Ownership:
4. Period of Facility Operation or Control:
5. Identities of Prior Facility Owners and Operators (to the extent available to current Owner/Operator):
6. Is any Class B fire suppression foam currently stored and/or used at the Facility? Yes No

If yes, please provide all known information about the type of Class B fire suppression foam currently stored and/or used, including:

- a. Date of purchase:
- b. Manufacturer and type of Class B fire suppression foam stored:
- c. Quantity of Class B fire suppression foam stored:
- d. % PFOS/A concentrate:
- e. Method of storage:
- f. Other relevant information:

7. Has any Class B fire suppression foam ever been stored and/or used at the Facility? Yes No Unknown

If yes, please note:

- a. Dates of storage:
- b. Manufacturer and type of Class B fire suppression foam stored:
- c. Quantity of Class B fire suppression foam stored:
- d. % PFOS/A concentrate:
- e. Method of storage:
- f. Other relevant information:

8. Has Class B fire suppression foam ever been used for training purposes at the Facility? Yes No Unknown

If yes, please note:

- a. Dates and frequency of training:
 - i. If exact information is not available, please provide an estimate:
 - 1. 1-10 times over 10 years
 - 2. 11-50 times over 10 years
 - 3. 50 or more times over 10 years
- b. Manufacturer and type of Class B fire suppression foam used in training:
- c. Quantity of Class B fire suppression foam used in training:
- d. Other relevant information:

9. Has Class B fire suppression foam ever been used for firefighting or other emergency response purposes at the Facility? Yes No Unknown

If yes, please note:

- a. Date of emergency response:
 - i. If exact information is not available, please provide an estimate:
 - 1. 1-10 times over 10 years
 - 2. 11-50 times over 10 years
 - 3. 50 or more times over 10 years
- b. Manufacturer and type of Class B fire suppression foam used in firefighting or emergency response:
- c. Quantity of Class B fire suppression foam used in firefighting and emergency response:
- d. Other relevant information:

10. Has the Facility ever experienced a spill or leak of Class B fire suppression

foam? Yes No Unknown

If yes, please note:

- a. Date of spill/leak:
 - i. If exact information is not available, please provide an estimate:
 1. 1-10 times over 10 years
 2. 11-50 times over 10 years
 3. 50 or more times over 10 years
- b. Manufacturer and type of Class B fire suppression foam spilled/leaked:
- c. Quantity of Class B fire suppression foam spilled/leaked:
- d. Other relevant information:

11. Has your Facility ever been responsible for the use of Class B fire suppression foam at a location other than the Facility (i.e. offsite training, emergency response, or spill)?

Yes No Unknown

If yes, please note:

- a. Date of each offsite use:
 - i. If exact information is not available, please provide an estimate:
 1. 1-10 times over 10 years
 2. 11-50 times over 10 years
 3. 50 or more times over 10 years
- b. Manufacturer and type of Class B fire suppression foam used:
- c. Quantity of Class B fire suppression foam:
- d. Other relevant information:

Upon completing the survey you must place an “✓” in this box to certify the following:

Certification. I certify that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Name of person who completed and submitted responses to Survey (the legal owner, operator, or their representative authorized to complete and submit Survey)

Name and Official Title

Address

Telephone Number

E-mail Address

Date Certified or Signed

[Clear Form](#)