

Oregon Office of State Fire Marshal

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Community Right To Know Unit

Secured Information Certification

The Oregon Office of State Fire Marshal, Community Right to Know Unit (CR2K) has received your CR2K Information Request form. We are happy to provide information to support emergency pre-planning and response activities as well as providing information to the public so they may be better prepared if a hazardous materials incident occurs in their community. However, in an effort to help keep communities safe, some information is confidential per OAR 837-085-0190(5).

In order for us to provide you with the confidential information you have requested, we ask that you complete this Secured Information Certification form and submit it back to our office. By doing so you, will be certifying that the confidential information provided to you will be used only for the purposes you stated on your Information Request form and that it will not be shared with any other entities or members of the public.

Once we have received your completed and signed certification form, we can move forward with processing your request.

Please review each statement below and initial in the box to the left of each statement signifying understanding.

Initials	I understand that exact amounts and site-specific storage locations of hazardous substances at facilities are confidential and must not be shared.
Initials	I understand that emergency contact night phone numbers are confidential and must not be shared.
Initials	I understand that 302 EHS emergency coordinator phone number and 24 hour phone number are confidential and must not be shared.
Initials	I understand that chemicals reported by a facility that have a hazard class code of 1.1, 1.2, 1.3, 1.4, 1.5, 1.6 (explosives); 2.3 (poison gases); 6.2 (etiologic materials); and 7.0 (radioactive materials) are confidential and must not be shared.

By signing below, I certify my understanding of what information has been classified as confidential, and I understand my responsibility to protect the confidentiality of that information. I certify I will use the information solely for the purpose(s) stated on the CR2K Information Request form; and I affirm that any confidential information will not be shared with any entities (except as specified below), or with members of the public, for any reason.

Sharing With Specified Entities: (e.g. For LEPC Chair who needs to share with LEPC members; contractors sharing with project team members)

Initials	I understand my responsibility to provide the Confidential Information Overview to entities specified below prior to providing them with confidential information. I will require them to read the Confidential Information Overview in order to understand the secured nature of the data, and their responsibility to keep it secure.
Specify the Entity:	

Printed Name: _____ Title: _____

Your Email Address: _____

Organization (if applicable): _____ Phone: _____

Signature:  _____ Date: _____

OSFM Use Only Reviewer/ Date: _____ Date Notified: _____