

MILL VALLEY FIRE DEPARTMENT



Prepared by *Naub*
 Jeff Davidson, Battalion Chief/Fire Marshal
 Approved by *Greg Moore*
 Gregory R. Moore, Fire Chief

Fire Protection Standard 114A

FLAMEPROOFING CHRISTMAS TREES

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Page: 1 of 1

The following requirements and information are applicable to those parties and/or individuals engaged in the application of flame-retardant treatments and solutions to Christmas trees.

These requirements are pursuant to Title 19 California Administrative Code, California Fire Code, and local ordinances.

1. Any person or firm desiring to engage in the business of, or perform for a fee the act of, applying a flame-retardant chemical to any fabric or material shall first make application for registration as a “Flame-Retardant Application Concern” conforms provided by the State Fire Marshal available from the Fire Prevention Bureau. Separate applications shall be submitted for each separate place of business.
2. Only State Fire Marshal approved products, applied by State Fire Marshal applicators, may be used on trees that are required to be flame proofed.
3. A tag must be attached to treated trees indicating the date of treatment, name of applicator, and name and registration number of the chemical used (see Figure 1 below).
4. Trees placed in the following occupancies are to be flame retardant:
 - a. All schools and churches
 - b. Commercial businesses
 - c. Hospitals, senior homes, jails, health clinics
 - d. Places of public assembly


Note: Starting on December 1st, the State Fire Marshal and the local fire authority will be conducting inspection of Christmas tree sales lots to determine that applicators are licensed and that they are using approved chemicals in the proper manner. Those persons or firms in noncompliance with these regulations are subject to legal action.

Figure 1 →

DO NOT
REMOVE

BY ORDER OF THE STATE FIRE MARSHAL

**FOLIAGE HAS BEEN
FLAME RETARDANT TREATED**



I CERTIFY this foliage has been treated with a chemical registered with the California State Fire Marshal and the treatment was made in accordance with manufacturer's instructions by

dipping
 spraying

Signature
Applicator No.

Chemical Used
Reg. No.

Date of Treatment

(NAME AND ADDRESS OF CONCERN)