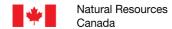
Ressources naturelles Canada



Incident Report Explosives and Restricted Components

1. HOLDER OF LICENCE, PERMIT OR CERTIFICATE INFORMATION			
Licence Holder Name or Company Name:		Licence Number:	
Address:		Phone Number:	
2. POLICE FORCE INVOLVED IN THE INVESTIGATION			
Name of the Police Force Contacted:		File Reference or Contact Person:	
City, Province/Territory:		Phone Number:	
3. INCIDENT INFORMATION			
Date of the Incident (yyyy-mm-dd):		Time of the Incident (HH:MM):	
Location of the Incident (Street Address, City/Town, Province/Territory):			
Type of Incident:			
☐ Attempted Theft	☐ Theft		☐ Refusal of Sale
☐ Fire	☐ Explosion		□ Loss
☐ Spill	☐ Other (specify)	:	
Explosive(s) and/or Restricted Component(s) Involved:			
☐ Type C: Cartridges	☐ Type F: Fireworks		☐ Type R: Rocket Motors
☐ Type D: Military / Law Enforcement Explosives			 ☐ Type S: Special Purpose Explosives
☐ Type E: High Explosives ☐ Type P: Propellant Powder ☐ Restricted Components Description of the Explosives and/or Restricted Components Involved (specific sub-type, commercial name, etc.):			
Quantity of Explosives and/or Restricted Components Involved:			
Description and Details about the Incident (include photos, if available):			
Number of People Evacuated:	Number of People Injured:		Number of Fatalities:
Nature of the Injuries (ex: burns to face and hands):			
Details of the Property Damage:			
Results of Investigation and Actions Planned or Taken (or specify a date when final results will be sent to the ERD):			
4. INCIDENT REPORTED BY			
Name (print):		Email Address:	
Phone Number:		Date:	
5. INCIDENT REVIEWED BY (TO BE COMPLETED BY THE ERD)			
Name (print): Email Address:			
(F)			
File / Incident No.:		Date:	

Send report to:

Explosives Regulatory Division 588 Booth Street, Ottawa, Ontario, K1A 0E4 Tel.: 1-855-912-0012 | ERDmms@nrcan.gc.ca

