



File Number:	Incident Number:
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OFFICE USE ONLY

# Form 34 Explosives Incident Report

Date of Incident (mm/dd/yyyy):	Time of Incident (hh:mm):
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**Location of Incident:** \_\_\_\_\_  
 (Street, Town/City, Province/Territory) \_\_\_\_\_

**Company or Party Affected By Incident:** \_\_\_\_\_  
 Address of Company/Party: \_\_\_\_\_  
 Person Affected: \_\_\_\_\_  
 ERD Licence No., if applicable: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Agency Involved in Investigation:** \_\_\_\_\_  
 Address of Agency: \_\_\_\_\_  
 Person Involved: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

No. of Fatalities:	No. of Injuries:	No. of People Evacuated:
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**Description and Details of the Incident – Include Photos:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Nature of the Injury** (e.g. burns to face and hands):

\_\_\_\_\_  
 \_\_\_\_\_

**Property Damage** (e.g. to critical or surrounding structures):

\_\_\_\_\_  
 \_\_\_\_\_

<b>Description of the Explosives Involved:</b> (type, trade name, etc.)	<b>Quantity Present and/or Involved:</b>

**Results of Investigation, and Actions Planned or Taken** (or specify date when final results will be sent to ERD):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Incident Reported By:** \_\_\_\_\_  
 Date (mm/dd/yyyy) & Time (hh:mm): \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_